

PSEUDOIMBECILITY: A MAGIC CAP OF INVISIBILITY

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One of the magic objects owned by the Nibelungs of German mythology is a covering for the head which endows its possessor with the power of becoming invisible. Being invisible, the wearer can be present and act in situations from which otherwise he would be excluded. Young Siegfried, the hero of the Nibelung Saga, is the embodiment of juvenile strength and courage. With the help of his magic cap (*Tarnkappe*), he commits a series of deeds which amount to conspicuous sexual crimes. He woos Brunhild in place of King Gunther, and invisibly usurps the *jus primae noctis* with the Queen in the presence of his King. These exploits do not reduce Siegfried's radiant reputation as the popular symbol of the youthful national hero; on the contrary, the invisibility provided by the magic cap is one of the most important attributes in according him the privileges of a hero.

It is well known that the essence of mythology, like the rituals and customs of primitive culture, reflect the inner psychic realities of childhood. Experience in psychoanalysis with children brought me to realize what is the symbolic psychological meaning of the 'magic cap' in childhood generally, and in cases of pseudoimbecility specifically. What I wish to describe is the function of stupidity as a magic cap (*Tarnkappe*), as a means of restoring or maintaining a secret libidinous rapport within the family. This, I believe, essential function of stupidity (not recorded to an adequate extent in the psychoanalytic literature) enables children as well as infantile adults to participate in the sexual life of parents and other adults to an amazingly unlimited extent which, overtly expressed, would be strictly and definitely forbidden.

Between child and mother there exists from the beginning a close phylogenetic bond which is unique and much more exclusive than communication by words or thoughts; it is an interrelationship through the medium of affective expressions. We know how subtle is this communication between the infant and the mother who feeds it at the breast. It is clinically and statistically proved that difficulties in feeding, as well as the general health of the infant, are much more dependent on the emotional attitude of the mother towards the child than on her organic ability to supply milk or the degree of her conscious efforts to provide hygienic nursing. The interrelation between the unconscious of the mother and the reception of stimulation of the sense organs of the baby is the prototype for a way of communication between child and adult which is not confined within the limited sphere of language.

The affective outbursts of the infant are the means by which it attains gratification of its instinctual needs, and the absence of such outbursts indicates an alarming degree of inertia (Ribble). The infant's bodily functions are in direct accordance with its instinctual drives; its reactions to surplus stimuli are outbursts of temper. By these affective outbursts the infant achieves domination in the mother-child relationship; left alone it would be completely helpless, abandoned to perish. Even after the differentiation of the ego and the beginning of speech, the expressive movements and affective expressions of the entire body are used by the child as much more congenial means of communication with the environment than language. The archaic common language of human beings is and remains the language of affect. Whenever the repressed complexes of childhood are evoked, we relapse again into this unconscious affective rapport. The domination of the mother by the infant gradually becomes reversed in the course of the second and third years. While the eighteen-month-old baby, on uttering a short cry of command, is brought with eager speed to the pot, the three-year-old is threatened with deprivation of

love should it fail to comply with the requirements of the adults which are, moreover, administered with large quantities of affect and aggression. The child gradually realizes that its power is waning. It has not only to renounce sensual gratifications but must in addition lose its sense of omnipotence. The language of violent affect is rendered useless as a means of communication with the parents, and the child has to renounce them in favor of speech. Tempers and crying spells are met by the parents with increasing stoicism or measures of punishment or suppression. It seems as if these affective outbursts at the age of two to three years are struggling attempts of the child to maintain the archaic common ground so familiar to it: the intensely pleasurable affective rapport with the parents, and the child's affective domination of them. This attempt is destined, like the œdipal strivings, to fail from the danger of loss of love and fear of castration.

Direct affective attacks failing, the child searches for other means to regain entrance to the Garden of Eden. This coincides in time with beginning to walk, and the process of taking in impressions of the outside world with all its senses, acquiring knowledge and testing reality. The child utilizes these newly gained discoveries to share them with mother and father and thus restore a common ground with them (D. T. Burlingham). The expressions of enchantment and affection which the parents give so abundantly at the first presentations of such fact-finding bring the child a temporary restoration of the old affective, and a new intellectual, coëxperience with the parents.

But again the parents cannot allow the child to enter their lives beyond a limited distance. The common emotional and intellectual experiences infringe upon the strenuously established repressions of the adults. The small child's keen powers of observation, its bold intuition, become unwelcome. This applies especially to perceptions in the sphere of sexual exploration whose failure to reveal the secret of the sexual relationship between the parents marks the beginning of the latency period which is characterized by repression of overt sexual

interests and a slowing down of development of the child's so far brilliant exploratory intellect.

Little emphasis has been put on the fact that the small child twice in its early development, meets a rebuff in its passionate endeavor to share the lives of the parents. It learns gradually to discriminate between those perceptions and experiences which it may share with adults and those facts which are better kept to oneself as secrets. Taking advantage of the discovery that it may collect and maintain a secret treasury of libidinous experiences and knowledge, inaccessible to the adult world, the child learns to isolate these experiences from verbalization and hide its secret from the depriving adults.

The magic of such relative 'stupidity' during the latency period provides for the child a partly undetected, partly tolerated preverbal libidinous channel of communication with the parents without conflict. Besides this inconspicuous, quiet, 'peaceful infiltration' we meet often enough, during latency and beyond it, with innumerable forms of a kind of guerilla warfare on the part of children, well-known from child analyses and child guidance practice. In all these conflict situations between children and parents we are struck again and again by the intuitive accuracy with which children are able to detect the weakest spots in their parents, and how often they succeed in gaining entrance and seducing the parents to respond in the old affective way. When this partly archaic, strongly affective rapport is restored on a preverbal level by child and parents it escapes detection. An important part of this libidinous interchange throughout latency has been described by Lillian Rotter-Kertész with reference to the child and its father (9).

How adult secret is played off against child's secret and vice versa was nicely demonstrated in a child's analysis. Lilly, six and a half years old, was analyzed for extreme motor inhibition and inability to play. At the root of her neurosis was, first, her accurate intuitive knowledge of how much the family regarded her a superfluous burden. Her birth was accidental. The parents were poor people who had difficulties even in

sharing food with this unwanted child. Second, a congenital dislocation of the coccyx had made it necessary to confine Lilly at the age of two in a hospital far removed from her mother.

Not before she had established a very good relationship with me, was Lilly able to talk and reveal her secrets. She was compelled, for example, to turn and look back frantically out of the trolley car window whether coming or going because, 'You never can tell whether your mother would not lead you somewhere from where you would not be able to find your way home'.

This recalls the fairy tale of Hansel and Gretel, whose parents wanted to get rid of them. They made one night a secret plan to lead the children into the woods and leave them to perish. But the children overhearing the secret of the parents at night pretend ignorance and innocence. The magic of their apparent dumbness enabled them not only to intrude into the parents' secret (primal scene), but to keep their own secret (defense against the parents' secret) which in turn enabled them, when abandoned by the parents in the woods, to return home.

The mechanisms which lead to pathological limitation and restriction of intellectual functions of the ego have been examined by many analysts.¹

The genesis of intellectual inhibition follows the general pattern described by Freud in *Hemmung, Symptom und Angst*.² Erotization of the intellectual functions of the ego has been shown to cause the ego to give up this function in order to escape conflicts (2, 10). It is known also that the intellectual restriction is often used to disguise aggression in order to escape retaliation (1, 12). Pseudo stupidity, in addition, has been described as a display of castration to escape fear of literal castration and the loss of a loved object (10, 11).

¹ Cf. Landauer (10), Rado (14), Aichhorn, Bornstein (2), Bergler (1), Oberndorf (12), Edith Jacobsohn (8), Maenchen (11) and others.

² Freud: *The Problem of Anxiety* (Eng. trans.). New York: The Psychoanalytic Quarterly Press and W. W. Norton & Co., Inc., 1936.

This paper aims to demonstrate still another essential function of stupidity: to restore or maintain a secret libidinous rapport within the family.

In an unusually impressive fashion the usefulness of stupidity was demonstrated in an eighteen-year-old pseudoimbecilic male, whom I had analyzed for almost three years when the treatment had to be discontinued. He had a whole arsenal of defense mechanisms and symptoms. Besides latent passive homosexuality, he presented definite obsessional neurotic as well as phobic mechanisms which contributed to a severe impoverishment of his ego.

Jack was one of nonidentical twins, born as late offsprings of a father who, at the time of their birth, was ailing with a heart condition, and who died when they were nine years old.

Up to his death the father, always a cranky introvert and owner of a large estate, maintained in an obsessional fashion a splendid isolation for the twins in this rural environment. He projected his fears of infection and death especially onto Jack, the more delicate of the twins, who because of his resemblance to the father attracted his intense ambivalent love.

The father believed the boys should grow like delicate plants in sunshine and air, under the best hygienic conditions, in the country. The vegetative functions of the body should be attended to, and later education in sports introduced. Systematic intellectual education was unnecessary, at least not worth getting at the slightest expense of clean, healthy, simple and innocent rural life. Schooling would involve going to the city—dirty, dusty and dangerous with its noisy traffic and effete sexuality. In the seclusion of the country the twins were protected from sexual knowledge. They were to remain innocent, i.e., stupid and ignorant.

The patient at first presented the clinical picture of severe pseudoimbecility. He sat with arms hanging, stood up like an automaton, walked with a shuffling gait and wore a silly smile. He stared into space, and an unshaven face completed his pathetic appearance.

All day long Jack would loiter around with a more or less absent-minded look and, whenever a task came up from which it would be hard for him to escape, he could fall asleep in almost any posture. Though he was extremely affectionate towards the family, especially his sister, the expressions of his attachment were those of a small child with abundant exchange of caresses, kisses and hugs. He consciously refused to be treated according to his age. He did not want to make any decisions but was eager, like an obedient child, to obey all wishes of adults as far as his conspicuously limited abilities permitted. In his social activities he was simply an appendage of his married sister, six years older, or of his twin brother John and his fiancée. They permitted him to be present like a pet animal which does no harm by its presence and neither understands nor participates. His magic cap of stupidity hid Jack so well that he was almost forgotten. He was allowed to be present during the preliminaries of the sexual relationship of an older brother and his sweetheart, a married woman. The latter was quite desperate when her attention was called to the signs of devotion which she had unconsciously aroused in Jack, and tolerated 'unrecognized.' He was allowed to come into the bedroom where John and his bride lay in bed, and in a more sublimated fashion he participated in the marriage of his sister and brother-in-law.

Analysis revealed that his earliest childhood memories centered around passive exhibitionistic experiences which took place in the bathroom. He remembered his twin urinating in his face when they were both in a baby carriage, and hearing the loud laughter of a couple of spectators. Then he recalled that his brother laughed at him when he was having a truss adjusted for congenital inguinal hernia. Compensation for this phallic failure, centered around the pleasure that particular attention paid to his bowel functions (probably because of his inguinal hernia) gave him. These exhibitionistic performances were his only means of keeping contact with his father and mother. When, however, his great complementary curiosity came to expression, his questions were met with

stereotyped reproofs: 'You should not ask about that.' 'It is not good for you to wonder about it.' 'You are too young.' Thus restricted, his curiosity resolved itself into voyeurism. Everywhere that he could he would creep in secretly and spy. He was allowed to be present while his mother was bathing on condition that he kept his back turned to her.

Under the influence of an athletic instructor, who was 'especially active and a right wing radical', he became quite courageous in sports. Once he fell and injured his leg. In the bathroom he took a washcloth to stem the bleeding when suddenly his father, quite contrary to his usual behavior, jumped at him, struck him, and scolded him about the danger of infection and contamination. The father then attended to the wound himself. This castration scene came up in the analysis of a cynophobia. 'You never can tell about a dog', he said, 'all of a sudden it can bite you in the leg, or it might run between your legs and you might fall over it.'

When after the death of his father they were 'dragged into the city to school', contrary to the wish of the father, the patient developed severe isolation and avoidance mechanisms in unconscious compliance with the requirements of the dead father. With his obsessive neurotic mechanisms he was trying to isolate himself from the temptations and dangers of the 'vicious city'. To keep clean in the dirty sexual atmosphere of the city, he had to avoid touching things. A head cold placed him in a predicament because he could not allow his hands to come in contact with the nasal secretions. Similarly when for 'hygienic reasons' it was necessary to masturbate, he exercised great care in avoiding contact with the ejaculate. He avoided barbers from fear of razors but went nevertheless to be shaved, experiencing a thrill which reminded him of similar feelings he had had when a doctor administered eye drops which smarted.

He wandered aimlessly through the streets in a state of chronic anxiety about the traffic. He rationalized this, as he did many of his compulsions, on the grounds of hygiene. He took evening walks which extended long after midnight 'in

order to sleep better'. With his shuffling gait and absent-minded look, seeking to avoid pedestrians as well as vehicles, he had the compulsion to creep along the edge of the pavement and achieved the exact opposite of his conscious intention. He provoked the pedestrians into colliding with him, shouting at him, or pushing him deliberately or unintentionally into the gutter; off the pavement, he was endangered by the cars and trucks. His father had hinted that something like this happened to young people in the vicious city, and he was thus proving it continually to the analyst and to himself.

Very similarly to his attitude with reference to traffic in the street, he missed no opportunity to travel and to put himself to great trouble to find occasions for it, though days before he would be sick from fear of having to use the train and of meeting strange people and would fall asleep while traveling. Here the same mechanism was at work: a compromise between his intense curiosity—the urge to create situations in which he could watch strange people—and his anxiety.

It was not accidental that this series of neurotic attitudes and symptoms centered for him around forbidden traffic situations in which his impulse to look on and watch overcame the compulsive and phobic defenses. Being a German, traffic (*Verkehr*), had, for the patient, also the meaning of intercourse. Analysis gave evidence that this connection led to a hypercathexis of all traffic situations which had been prohibited in both meanings of the term by the dead father. He tried to ward off his voyeurism by absent-mindedness in the street or by closing his senses through falling asleep while traveling, while simultaneously obsessively seeking to gratify his curiosity.

To summarize, this patient having had, in the phallic stage, to give up competition with his aggressive twin brother in comparison with whom he considered himself malequipped in the phallic sphere because of a congenital hernia and for other reasons, in consequence he regressed to an anal fixation. The counterpart of his anal exhibitionism was an intense sexual curiosity against which he had to maintain strong defenses because of castration threats from his father who had warned

in effect: 'Don't go to the city to learn about the dirty sinful life there and the dangers of traffic. Remain clean, and innocent.' His stupidity served him from early childhood both as a defense against anal and sexual conflicts and as a magic cap of invisibility which enabled him to observe intimate performances of the parents in the bathroom without being noticed. In adolescence he renounced his own sexuality to escape castration but succeeded, by means of the magic of stupidity, quietly to participate in the sexual relationships of his brothers and sister. The mechanism of sexual renunciation was aided by identification and substitution with his twin, an *alter ego*, through whose phallic achievements the patient experienced the masculinity which he himself had to renounce—to say nothing of the homosexual elements involved.

Another case of pseudoimbecility is that of a thirteen-year-old boy whose stupidity was maintained in an unconscious rapport with his mother. Lyn was sent to analysis because after he had failed four times to be promoted and had been placed in a class for retarded children, the boy was found to have a normal I.Q. His stupidity took the form of chronic forgetting. This was not limited to disagreeable things nor to studies, but included every minute detail of his daily routine at home. Through this mechanism he succeeded in keeping his mother occupied with him as if he were a small child.

Lyn was the second child and elder son of a Chinese father and a Swedish mother. The parents lived in constant discord and had been unhappy at the prospect of this second child. Quarrels and gross abuse between the parents seem to have become even more marked when Lyn was about two years old. The mother had the superstitious conviction that this child would become stupid because she had had frequent contacts with a senile old man, a customer in the laundry they maintained during the time of her pregnancy with Lyn. First evidence to her of this anticipation was his development at two years of age of what seems to have been spastic stammering.

The mother took this as the first sign that her son was 'marked' by the elderly imbecile. While relating this, the mother could hardly contain her amusement about the funny little boy, and seemed delighted to relate that the stuttering little fool became much worse when he saw his father attacking her. Apart from his speech, the child's development was normal except for intermittent bedwetting every night for months at a time until he was eight.

About Lyn's early relationship to his father little is known except that the father liked to play with the boy and frequently took him for walks. Between the ages of three and four the boy greatly admired his father's toolbox, and was happiest when he could play with it. As the father's job kept him away from home most of the time, the mother's influence was overwhelming. Lyn's strong attachment to his mother was strengthened by rivalry with a brother born when he was five. A short time later the mother had to be hospitalized because 'her blood was poisoned by my father' (gonorrhœa). Shortly after her return from the hospital she attempted to commit suicide because her husband had taken to bringing his girl friends to the house. It was at this time that Lyn began to wet the bed every night. Following her attempt at suicide, and as a final weapon in her effort to win her husband back, the mother left home.

With much resistance Lyn recalled in analysis memories of this period. While pretending to be asleep, Lyn overheard many dramatic sexual scenes between the father and his woman friend. Fearful of being censured by his severe and stolid mother for hearing and seeing things which he felt he should not have seen and heard, the boy attempted to forget what he had witnessed. During the weeks of her absence the mother kept thinking that the child 'must be seeing a lot of dirty sexual things'. Troubled by this thought, she decided to return to her children and ask her husband to move out. Subsequently, when Lyn was about eight years old, the father deserted permanently.

In analysis the patient revealed intense sadistic fantasies

about his sister which were obviously displacements from his mother. In the transference, he displayed the same excessively devoted, submissive and passive attitudes that he exhibited towards his mother, the reverse of his sadistic fantasies. Each time he divulged one of these fantasies, he reacted with an increased display of forgetfulness and apparent stupidity. In this case, severe restriction of the ego utilized the device of forgetting which had as its purpose a resolution of his fears originating in primal scenes which were linked with sadistic scenes, quarrels, contamination, 'blood poisoning' and represented to him his father, sexuality and the attitude of his mother towards both. After the father left, the boy resorted to the magic of stupidity to meet the demands of his mother. He had to forget his real father—the underprivileged, socially inferior Chinaman, the deserter, sexual and unclean—and to create instead an illusory father—stately, kinglike, nordic—in terms of his mother's characteristics. This identification with a phallic mother simultaneously assigned to Lyn the rôle of the castrated, servant father which meant that in the identification with the father he was subject to castration and rejection by his mother. To avoid castration, he had to forget all about sex and maintain an appearance of innocence by forgetting all the experiences in connection with his father.

The mother's hatred of this child from the time of her pregnancy with him found expression in her superstitious conviction that he would be born stupid. Hatred of the father was partly displaced to this child in attitudes of castrative depreciation from which, however, unlike his father, he was able neither to escape nor defend himself effectively. Deserted by her husband for another woman after having infected her with gonorrhœa, the mother took lasting revenge for the insult in keeping this substitute for the hated husband, chained to herself as a castrated, innocent fool whom she might never lose to another woman. Through the magic of his stupidity it was possible for the boy and his mother, to maintain a close relationship on a preverbal level, very similar to that of a small child and its mother. But to be stupid alone

did not suffice; the sexual experiences of the father and his girl which the boy had observed had been too conspicuously verbalized and constantly refreshed by the grudging mother to permit the appearance of sexual innocence. A more active defense mechanism of undoing, by *forgetting*, had to be established by the ego to efface the contradiction between the mother's denying attitude and the grossly overt sexual behavior of the father which through verbalization had been brought to conscious acknowledgement between mother and son.

Another case, a girl, was brought for analysis at the age of nine. She was the youngest among four siblings. Her mother had been left a widow when the patient was two and a half years old and the mother bestowed all her love upon the baby daughter. They shared a double bed from then on, and at the age of nine, when the school intimated that the mother ought to give Betsy other sleeping accommodations, she protested: 'But how can I live without my baby daughter beside me?'. The intense libidinous nature of this mother-child relationship was demonstrated by the fact that I usually found them in the waiting room, Betsy on her mother's lap, in close embrace. For the mother the strong sexual attachment to the baby daughter was a definite substitute for her marital relationship with the husband. Through continual seduction the child did not succeed in the normal and necessary repression of sexuality of the latency period. The abnormal sexual stimulation led to excessive masturbation which met with violent disapproval from the mother without any insight about her part in bringing it about.

At the age of seven the child was seduced and sexually exploited by a fifteen-year-old brother following which she developed symptoms resembling psychosis. The school physician and her teachers pronounced her the strangest and most stupid pupil they had ever observed. Her I.Q. was 116. They were eager to have the child analyzed although they really believed that the child was psychotic or feeble-minded. In the anamnesis she was described as having spells of complete

withdrawal, 'remote staring' with expressionless eyes reminiscent of *petit mal*; or as 'sitting in a daze' seemingly without awareness 'staring with a cow-like gaze at the others'.

Analysis revealed that the sexual relationship between Betsy and her brother, who bore his father's name, was a form of prostitution in which she was exhibited for money to a class-mate of the brother, and included mutual masturbation and attempts at anal intercourse. To the analyst the child confided a passionate longing to catch a *real* bird. The bird proved to be the representation of the spirit of her father whose death she imagined as a mysterious flying away of his soul like a great bird. In Betsy's mind only an eagle was a real bird; canaries, sparrows, and other small birds were not real birds. One of her earliest memories, was her father's fondness for breeding pigeons to which her mother objected as a nuisance, soiling the car and the house. From associations and drawings it became clear that the bird had the further special meaning of father's penis which mother disliked, feared, and wanted to destroy. In a phase of her analysis, in which she complained repeatedly that she would never catch a 'real bird' herself, she contemptuously gave her mother, as a gift, a feeding board for birds. This gift was conspicuous for its awkward, misshapen and impractical construction—as if to say that mother would never acquire a real bird either. She divulged her opinion that she would never get a penis because her mother had none to give her. Perhaps her mother was responsible for her father's death as well as for the loss of the real bird which father could have given to her; hence a preoccupation for months with bird collections, investigations of the habits and biology of birds, measurements of their beaks, tails, etc. This was analyzed as an escape from the penisless mother and a desire to appropriate the brother's penis as defenses against fears of self-injury (castration) from masturbation. The incestuous relationship with the brother relieved the grave preœdipal fixation to the mother and was also an escape from masturbation which seemed to Betsy much more dangerous than any other sin. By pinning the guilt onto her

mother, she lessened her own sense of guilt about having lost her penis through masturbation. She shifted onto her seducers, mother and brother, as adults much of the responsibility and guilt, and vacillated between overt incest with the brother and innocent, preverbal sexual communion with the mother.

After analysis had brought to light the above facts, the mother wrote me a letter confessing her knowledge of the sexual activities between Betsy and her eldest son. She asked me to talk with her grown-up daughter, obviously the representative of her conscience. She asked me in the letter to regard Betsy as the 'innocent offender' rather than put too much blame upon the son. It is apparent that she was trying to excuse her own early seduction of the baby daughter as if to say that the daughter in her innocent foolishness had crept into her bed, seducing her and not the other way round. It was astonishing that she had tolerated the sexual relation between the brother and sister for years after detection. The mother's own incestuous drives towards her eldest son prevented her from safeguarding the child who, protected by her 'innocence' and stupidity, was permitted an incestuous relationship with the brother in which the mother participated vicariously with little apparent sense of guilt.

This case furnishes an especially striking example of how stupidity as a device enabled both a mother and child to maintain a secret libidinous interchange on an exclusively affective level.

SUMMARY

Pseudostupidity enables children as well as infantile adults to participate to an amazingly unlimited extent in the sexual life of parents and other adults.

In my cases the manœuvre of the children was emotionally fully reciprocated by a parent or sibling because it met the adult's own unconscious desire, isolated from his feelings of guilt.

This utilization of stupidity is widespread because mutual sexual desires are gratified on a preverbal affective level, with-

out becoming conscious through word pictures, which renders repression or other defense measures unnecessary.

Thus children and parents are able to maintain a distorted but gratifying affective communion which would otherwise be limited to mother and infant.

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A CONTRIBUTION TO THE PSYCHOANALYSIS OF *DÉJÀ VU*

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Freud's statement that the subject, *déjà vu*, 'is worthy of the most minute study' has stimulated but few psychoanalytic contributions to the problem. Freud's study of a case, published in 1904, is paradigmatic and explains the phenomenon as the result of an unconscious fantasy: 'The feeling of *déjà vu* corresponds to the memory of an unconscious fantasy'. Freud's example was a hysterical patient who experienced *déjà vu* while visiting some friends. The patient knew that the brother of her friends was very sick. She too had a brother who shortly before the visit had been seriously ill with diphtheria. The expectation that her brother would die had been much in her mind. 'She might consciously have remembered that she had lived through a similar situation a few months before, but instead of recalling what was inhibited through repression, she transferred the memory feeling to the locality.'

Ferenczi¹ in 1912 published a case from which he reasoned that dreams can have a connection with *déjà vu*. His patient brought to analysis a dream with an unconscious homosexual content. Instead of producing a recollection, the patient at first experienced *déjà vu*. Federn² believes that *déjà vu* consists of a very brief depersonalization. Schilder³ in describing a manic depressive female patient having cannibalistic fantasies, said, 'Perhaps, too, the peculiar form of *déjà vu* in our patient is connected with the wish that everything should have been at some time an object of her sadism'. Oberndorf⁴

¹ Ferenczi, Sandor: *Bausteine zur Psychoanalyse*. Vol. II, p. 161. Vienna: Int. Psa. Verlag, 1927.

² Federn, Paul: *Narcissmus im Ichgefüge*. Int. Ztschr. f. Psa., XIII, 1927, p. 433.

³ Schilder, Paul: *Introduction to a Psychoanalytic Psychiatry*. New York: Nerv. and Ment. Dis. Pub. Co., 1928, p. 135.

⁴ Oberndorf, C. P.: *Erroneous Recognition*. A paper read before the New York Academy of Medicine, October, 1940.

believes that the phenomenon of *déjà vu* is 'primarily a disturbance of reality perception, and the reaction serves to reassure the patient against this uncertainty by divesting the recurrent present circumstances of some of their reality through their being seen less acutely'. In its economic aspects 'it serves to reassure the individual that he is not venturing into an entirely new field with which there is an unconscious association of uncertainty and failure because of its similarity to one in the past. . . . The symptom removes to some degree the patient's insecurity. . . . In the original situation a conflict has arisen concerning the rôle he should assume.'

Summarizing the analytic investigations of Freud and Ferenczi, *déjà vu* is a response to an id wish which, provoked by a real situation, emerges and causes the unconscious ego to defend itself against it. In place of the repetition of an unconscious fantasy appears the sensation of *déjà vu*. The identity of two repressed fantasied experiences is replaced in consciousness by the identity of two apparently real situations. The id impulse is primary; in Freud's example it is an aggressive id wish, in Ferenczi's a libidinous one. Reality plays only the rôle of *agent provocateur*; the id makes use of a favorable opportunity offered by the outer world to attempt to reel off an instinctual impulse.

In contrast to the id type of *déjà vu*, which has been repeatedly confirmed, there is also a superego type which I have observed and wish to describe. In this case the unconscious ego defends itself against a reproach of conscience by means of *déjà vu*. In both types the unconscious ego defends itself against a danger: in the one case the danger to the ego comes from the id, in the other it comes from the superego.

A patient whom I had treated successfully came to me six and one-half years later and related that he had had for several years a business partner who was repeatedly guilty of kleptomania in the business. That the partner was neurotic was evident from the manner in which the stealing occurred: the sums involved were always ridiculously small; the loss inevitably had to be revealed by the simplest check up of the books, and

he behaved very peculiarly when he was caught. He maintained the stubborn silence of an obstinate schoolboy. When the first theft was discovered my former patient gave his partner a severe dressing-down and the sum was replaced. He threatened him with dissolution of the partnership if another such act occurred. A few months later it was repeated. Filled with rage, he told his partner's wife about it and wished at first to bring a complaint to the district attorney. Quarrels and scenes followed and the wife declared she would get a divorce at once; however my former patient became aware that his partner, who suffered complete collapse and whose only defense was, 'I don't know what came over me', was not a thief in the usual sense, but a neurotic. He then declared that he would refrain from exposing him to the police and dissolving the partnership on condition that his partner immediately enter an analysis.

When these facts were related to me I explained that it is not possible to conduct an analysis under compulsion. If the family should succeed in convincing the partner that he was ill—all compulsion being eliminated—one might make an attempt to treat him, after a lengthy preparatory stage of giving the patient some insight into his sickness. Treatment is impossible if the analyst is placed in the rôle of district attorney, it being a well-known fact that analyses 'to order' (Freud) are failures. Following this advice the man withdrew his threats and succeeded in convincing his partner that he was in need of treatment. The partner, in fact, merely pretended at first to be convinced, seeing the advantage for him in declaring himself to be sick rather than to be stigmatized as a thief. The analysis was undertaken and revealed the kleptomania to be rooted in orality which has been described elsewhere.⁵

In the course of his analysis, this patient was quite stirred up over the revelation of his tendencies to self-injury which ran like a red thread through his life. One day he was sitting in his office checking over a complicated bill for a customer.

⁵ Bergler, Edmund: *Zur Psychologie des Hasardspielers*. Imago, XXII, 1936, No. 4.

The patient knew by heart the prices of most of the items, but some he had to look up in a catalogue. To make his work easier he first checked over the prices he knew, intending to go over the prices which he had to look up. While he was occupied with this work my former patient's nephew, also employed in the business, came into the room. At this moment my patient had a very intense feeling of *déjà vu*: everything including the least detail seemed to him to be the exact repetition of an earlier experience. This feeling persisted for some time, although the patient could prove to himself through a series of details that he could never have previously experienced the same situation in the same way.

An understanding of the situation hinges on the coincidence of two facts. As the patient was painstakingly checking the bill with the intention of looking up the prices he did not know, he had toyed for a moment with the wish to spare himself the trouble and accept the prices put down by the office staff. But the patient had put this temptation aside and determined to follow the correct procedure of checking against the price list. The nephew who came in at this point was a ne'er-do-well who, in earlier years, had been guilty on several occasions of sharp practices and theft and had had trouble with the police. As a special favor he had been given work in the business with the assent of both partners. The reason given was that the punishable offense had been committed fifteen years before and, besides, had not been committed in the business of the partners. This nephew played a big rôle in the self-justification fantasies of my patient. His partner, he reasoned, did not have the moral right to denounce him since his nephew was tarred with the same brush.

The entrance of the nephew provoked, by association, the unconscious reproach in the patient (whose feelings of guilt were activated by analysis): 'You are just a swindler yourself!' The unconscious ego immediately tries to defend itself against this accusation of the superego: 'I am not a swindler; on the contrary, I am an extremely correct worker. Have I not this moment decided to take the difficult path and in spite of

fatigue? I have visited clients all day long to check prices in the most accurate way.'

One might here object to so complex an explanation. Why should the dishonest nephew represent a reproach of the superego? It is simpler to assume that, on the contrary, the nephew is a dangerous temptation to the id of the patient; being a swindler who has not been thrown out of the firm, my patient might be one too. This objection sounds convincing but is refuted by the fact that—assuming the correctness of the objection—my patient should have experienced a *déjà vu* every time he saw his partner's nephew. Although he saw him daily, this feeling of *déjà vu* had never before occurred; hence it must have had a connection with his excessive conscientiousness in the checking of the bill.

In the analysis of an impotent patient of the unconsciously passive feminine homosexual type, the following situation arose. The patient reported a quarrel with his wife, who was very aggressive and tortured him with a reproachful manner: 'In the end I couldn't stand it any longer and boxed her ears'. Asked to explain the unconscious motives for such behavior, he replied ironically, 'Very simple; I hit her out of love'. This was plainly a deliberate reversal of the expected: 'I beat my wife because I hate her'. His answer was obviously meant to mock me: 'Why do you ask such stupid questions?'

At this moment the patient had an intense experience of *déjà vu*. 'Everything you were saying just now, your voice, the furnishing of the room—I experienced all that once before, years ago.' The patient at once objected that he spoke to no one of his unconscious, and I had expressly emphasized 'unconscious motives'. His analysis was a 'dead secret'; furthermore, he had known me personally only for a short time. These were his arguments for regarding the whole occurrence of *déjà vu* as meaningless. 'It is manifestly impossible for me to have experienced all this years ago but nevertheless, I have the feeling that I did. It is absurd.'

The attempt to analyze the phenomenon produced the typical

standstill of associations. I recalled to the patient that he had related to me, some time before, a scene from his third school year in which he himself had provoked a whipping 'out of love'. The patient's father was a very strict, authoritative man whom the patient repeatedly provoked until he received a sound whipping. A typical instance was an occasion when the father to test his son's ability to add wrote a column of numbers. Instead of figuring the sum, the boy wrote 'any old number' and was severely punished by his father. It was precisely with this example that the patient had been shown in the analysis how strongly he was fixated in the negative œdipus complex.

The patient's sarcastic reply that he had struck his wife 'out of love', unconsciously evolved a reproach of conscience: 'You yourself are a creature to whom a beating means pleasure'. He dared play the rôle of father only by reducing his wife to the image of himself at the age of eight. This reproach of conscience, which refers to the libidinous exploitation of the whipping, is parried with aggression: 'I hate my wife and therefore I hit her'. But in place of the reproach of conscience appears the phenomenon of *déjà vu*.

One may object that the division into id and superego types of *déjà vu* is hairsplitting since the superego reacts only when an id wish emerges. Opposed to this is the fact that both patients were at a stage of most extreme activization of unconscious feelings of guilt and that a strict superego reacts even to id wishes which press forward in homeopathic doses. It is true that in both types of *déjà vu* the unconscious ego undertakes the defense. I believe, however, that in some instances like the examples here given, that the motivation of the phenomenon is an unconscious pang of conscience.

Translated by E. WEIL

THE MASOCHISTIC FACTOR IN THE PSYCHOANALYTIC SITUATION

BY ESTHER MENAKER (NEW YORK)

Freud¹ described the attitude of patient to physician in hypnotic treatment as passive-masochistic and as representing the reliving of an attitude once experienced towards a father. The hypnotist evokes this reaction because, through his rapport with the patient, he can make effective use of suggestion. Suggestion, therefore, implies a masochistic reaction of varying degree on the part of the patient. The hypnotic rapport has a similarity to the transference relationship in analysis.² We might conclude that Freud has tacitly implied that, to the extent to which the element of suggestion is present in both hypnosis and analysis, there exists in both the possibility of a masochistic reaction. In the writer's opinion, the potentiality for masochistic reaction in analysis lies not only in the transference, but also in the actual relationship between patient and analyst which is created by the therapeutic situation. The actual relationship is here to be distinguished from transference. In order to make this distinction clear, let us turn our attention first to the transference.

In his *Fragment of an Analysis of a Case of Hysteria*³ Freud lays the basis for our understanding of the transference: 'What are transferences? They are new editions or facsimiles of the tendencies and fantasies which are aroused and made conscious during the progress of the analysis; but they have this peculiarity which is characteristic for their species, that they replace some earlier person by the person of the physician. To put it another way; a whole series of psychological experiences are

¹ Freud: *Group Psychology and the Analysis of the Ego*. Vienna: Int. Ps. Verlag, 1922.

² *Ibid.*

³ Freud: *Fragment of an Analysis of a Case of Hysteria*. Coll. Papers, III, p. 139.

revived, not as belonging to the past, but as applying to the person of the physician at the present moment.' In the article entitled *The Dynamics of the Transference*,⁴ Freud speaks again of the emotional life history of the individual as creating a pattern which his later love life will follow and which will also be expressed in the transference. He says: 'every human being has acquired, by the combined operation of inherent disposition and of external influences in childhood, a special individuality in the exercise of his capacity to love—that is, in the conditions which he sets up for loving, in the impulses he gratifies by it, and in the aims he sets out to achieve in it. This forms a cliché or stereotype in him, so to speak (or even several) which perpetually repeats and reproduces itself as life goes on. . . . The patient will weave the figure of the physician into one of the "series" already constructed in his mind.'

In these descriptions of the transference relationship there are two aspects which Freud emphasizes: first, the fact that the emotional content of the transference has its roots in the patient's past experiences; second, that these experiences are relived as real in relationship to the analyst. In connection with the 'reality' of the transference experience for the patient Freud says: ⁵ 'One has no right to dispute the "genuine" nature of the love which makes its appearance in the course of analytic treatment. . . . The transference love is characterized, nevertheless, by certain features which ensure it a special position. In the first place, it is provoked by the analytic situation; second, it is greatly intensified by the resistance which dominates this situation, and third, it is to a high degree lacking in regard for reality. . . .'

Freud has pointed to an undeniable fact when he speaks of the genuineness of the transference feelings of the patient during the analysis. It seems to us, however, important to distinguish between that part of the analytic experience which is relived *as* 'real' (not to question the genuineness of this experience), and that part which *is* real, that is, which constitutes a

⁴ Freud: *The Dynamics of the Transference*. Coll. Papers, II, pp. 312-313.

⁵ Freud: *Observations on Transference-Love*. Coll. Papers, II, p. 387.

direct human relationship between patient and analyst, which has an existence independent of the transference, and which is the medium in which the transference reactions take place.

In making the distinction between the real and the transference relationship in analysis we must not become confused by the fact that both relationships have this in common: like all object relationships in the life of individuals they are characterized by the heritage of earlier relationships. Freud expresses this in regard to transference love when he says: ⁶ . . . 'it is true that the love consists of new editions of old traces and that it repeats infantile reactions. But this is the essential character of every love. There is no love that does not reproduce infantile prototypes. . . . The transference love has perhaps a degree less of freedom than the love which appears in ordinary life and is called normal; it displays its dependence on the infantile pattern more clearly, is less adaptable and capable of modification, but that is all and that is nothing essential.'

Fenichel ⁷ in describing the transference also makes the point that real and transference relationships merge. He says: 'Everyone's life is full of "transferences". In comparison with analytic transference two distinctions present themselves: (1) All actions of human beings are a mixture of reactions suited to various reality situations, and of transference. . . . (2) When the realities to which an individual reacts have a relatively constant, uniform character, the transference components become still clearer; likewise the demonstrability of the transference nature of these components is then greater.'

The differentiation which is important for our thesis is that whereas the transference relationship is a reflection of the patient's past emotional experiences, and can be likened to the image of a real object in a mirror which resembles in every detail the object of which it is the reflection but is a virtual rather than a real image, the real relationship grows in large

⁶ *Ibid.*

⁷ Fenichel, Otto: *Problems of Psychoanalytic Technique*. This QUARTERLY, VIII, 1939, p. 182.

measure out of the analytic situation itself. The real relationship, like the transference, repeats an earlier emotional pattern, but the impetus for this repetition comes not so much from the inner psychic life of the patient—as does the transference—as from the external situation of the analysis itself. It is important to remember that a real relationship includes two individuals, whereas in a transference relationship the reflected emotions, while they are experienced as real by the patient, are only the expression of the psychic content of one individual. The very fact that the analyst is not involved in these emotions of the patient makes it possible to dissect the nature of the reflected experiences and make them conscious to the patient. This we know as analysis of the transference and it makes possible an understanding of those experiences, emotions and behavior patterns which cannot be recaptured either from memories or from an analysis of the actual life situations of the patient.

Our expectation is that conscious awareness together with the working through of the unconscious impulses as well as of the mechanisms of defense against them, will bring about the desired therapeutic result. Often, however, the hoped for resolution of neurotic conflict does not take place. Freud speaks of this in *Beyond the Pleasure Principle* and considers the strength of the repetition compulsion, as it is expressed in the transference relationship, one of the main obstacles to therapeutic success: 'We frequently encounter the same repetition compulsion as a therapeutic obstacle, when at the end of the treatment we wish to bring about complete detachment from the physician; and it may be supposed that the vague dread with which those who are unfamiliar with it, view analysis, as though they feared to wake what they think is better left to sleep, is at root a fear of the appearance of this dæmonic compulsion.'

We have attempted to distinguish between the real and the transference relationship in analysis because we have found that the repetition compulsion is expressed not only in the transference, but that one aspect of the real relationship between

patient and analyst nourishes the repetition compulsion and is responsible for the failure or limited success of many analyses, even after the existence of the repetition compulsion in the transference has been analyzed. This aspect is the masochistic nature of the relationship of the patient to the analyst as inevitably created by the analytic situation. It is, of course, important to bear in mind that masochistic impulses, fantasies and behavior may appear in the analysis as an expression of the neurotic conflicts of the patient, just as other responses in the analysis are reflections of these conflicts. The masochistic response of patient to analyst to which we refer here, however, is different from this neurotic masochism, for it has its roots not in the neurosis of the patient but in the very nature of the analytic relationship. It is the psychological result of this situation.

This differentiation can best be illustrated by the case of a patient, a young woman, who entered analysis primarily because she was so unable to get along without a relationship to a man for even a relatively short time that she indulged in a promiscuity which was disturbing to her. In addition she had a talent for seeking out such relationships that were destined to have an unfortunate ending, especially if her deeper emotions became involved. She got little sexual satisfaction from her experiences. She rarely experienced an orgasm.

Her relationship to her parents was full of open conflict and hostility, and much of her activity, such as her choice of vocation and her selection of friends, was an open expression of rebellion against their wishes. Analysis soon showed that as a small child she had had a profound love and respect for her father. Her father, who was an exceedingly authoritative man, loved her dearly but on his own terms. He rigidly demanded the fulfilment of certain standards, requirements and commands as the price for his affection. These demands were so strongly at odds with her instinctual needs that she was forced into a severe conflict. The normal œdipal conflict was augmented by the father's simultaneous love and tyranny. Suffice

it to say that for this patient the usual disappointments of the oedipus conflict which meant not only deprivation of gratification of instinctual impulses, but involved, as well, injury to her ego by increasing her dependence and crushing the autonomy of her will, caused her to repress her early love for her father and to turn much of it into open rebellion. We were able to see in the analysis that her sexual relationships with men represented in part at least, a repetition of her early relationship with her father; and like the original, so all these subsequent relationships had to end in disaster.

The patient's daily life, especially as related to her sexual and social experiences, was suffused with an anxious concern about the analyst's reaction to her behavior. This reaction was, however, not only the obvious projection onto the person of the analyst of the demands of her own superego. Every interpretation, every piece of insight gained was used not only to fill out the gaps in the understanding of the unconscious sources of conflict, but became the basis for a course of action. It was clear to the analyst that such actions were not those of an independent ego. It was action always determined by what the patient thought the analyst wished her to do. The patient's wish to place the analyst in the position of forcing, advising, suggesting, was analyzed as a repetition of the old dependence on the authority of her father but the pattern persisted. True, she realized her dependence on her father and her inability to act except in reaction to his will—whether in rebellion against it or in obedience to it. She satisfied in the analysis the masochistic gratification which she had come to find in a relationship of dependence.

An important aspect of her relationship to her father was a strong masochism. Despite her manifest protest against his domination, she contrived experiences which repeated her subjection to him; furthermore, she was dependent on his judgment of her actions which were calculated to evoke the desired blame and punishment. This behavior the patient repeated in the transference. The analyst became the judging father who praised or blamed her for her behavior, and who thus

became responsible for the behavior. It was the analyst's fault if behavior, impelled (in the service of the neurotic masochistic striving) by insight gained in the analysis, failed to bring the hoped for gratification. In like manner the patient blamed her father for the fact that she was neurotic and unhappy. When this repetitiveness in relationship to the original behavior was interpreted to her, she summarized it very well by saying that she was like a child who is not expected to take responsibility for its acts. Still the ego masochistically persisted in its search for some manner in which it could succeed in compelling the analyst to force it into a given course of action. Despite the analyst's extreme care not to direct the patient but to analyze this mechanism over and over again, the patient used the analytic situation to gratify her demand.

The mere fact that the analyst has the upper hand in the sense of understanding the patient, making interpretations, being responsible for the further progress of the analysis and, within limits, for its therapeutic outcome, makes it unavoidable that his ego dominates the patient's ego and provides an excellent opportunity for a repetition of the childhood wish for dependence and submission. The position on the couch alone creates a relationship which must symbolize for the patient the analyst's mastery of the situation. Of course, each patient will weave his own fantasies, fears and wishes around this situation,⁸ but the fact remains that for every patient the reclining position is a submissive one and in some cases it is better not to allow a patient to continue in it.

In this connection Freud says:⁹ 'I adhere firmly to the plan of requiring the patient to recline upon a sofa while one sits behind him out of sight. This arrangement has an historic meaning; it is the last vestige of the hypnotic method out of which psychoanalysis was evolved. . . . The patient usually

⁸ Fenichel in *Problems of Psychoanalytic Technique*, this QUARTERLY, VIII, 1939, p. 58, speaks of the 'magical character of lying down which can be utilized for resistance'.

⁹ Freud: *Further Recommendations in the Technique of Psycho-Analysis*. Coll. Papers, II, p. 354.

regards being required to take up this position as a hardship and objects to it especially when scopophilia plays an important part in the neurosis. I persist in the measure, however, for the intention and result of it are that all imperceptible influence on the patient's associations by the transference may be avoided, so that the transference may be isolated.'

It is of course true that the use of the couch aids this crystallization of the transference; but in addition it creates a masochistic, submissive position for the patient which Ferenczi¹⁰ as well as Freud¹¹ has described as typical for the hypnotic situation. The fact is that in analysis, not only does the patient repeat his childhood wishes in the transference, but the analytic situation repeats in its actual form and arrangement the childhood situation of the patient, with the deliberate purpose of reviving the childhood reactions as we then see them expressed in the transference. This set-up gives to the relationship between patient and analyst a real aspect (in contradistinction to the transference aspect) which becomes a kind of background for whatever else takes place in the analysis. In the nature of this background lies an opportunity for the anchoring of neurotic mechanisms.

The real analytic situation literally resembles in many respects the relationship of parent and child. Whereas it is true that the patient desirous of being cured of his neurosis enters the analysis and accepts its rules of his own volition, it is equally true that the conditions under which the treatment takes place have been arranged in the interest of therapeutic success by the analyst. Just as each child is gradually forced by pedagogic pressures to give up instinctual gratifications and make terms with the narcissistic hurt to his ego which such submission entails, so every patient in analysis must relinquish neurotic satisfactions and overcome the narcissistic hurt to his ego that the exposure of his unconscious impulses and the

¹⁰ Ferenczi, Sándor: Introjection and Transference, in *Contributions to Psychoanalysis*. Boston: Richard G. Badger, 1916.

¹¹ Freud: *Three Contributions to the Theory of Sex*. New York: Modern Library, 1938, p. 564.

breaking down of many of his mechanisms of defense involves. The analyst like the parent is the final authority to which patient and child must submit if therapeutic success is to be achieved in the one instance, and if the child is to be socialized in the other.

This submission, because it involves both for the patient and for the child the giving up of id wishes, must be followed by some degree of narcissistic hurt to the ego, since in the loss of gratification, the ego becomes aware of limitations of its feelings of omnipotence. In this connection Hermann Nunberg¹² says that patients and children give up the belief in the omnipotence of their wishes and magic power only conditionally; that children hope to achieve it when they grow up, and that patients hope for it as a result of analytic treatment. One way in which the ego thus narcissistically wounded attempts to protect itself is by a masochistic reaction.

The sense in which the term masochism is used here obviously does not refer to what Freud called sexual masochism. It is much closer to, although not identical with, moral masochism. It is a certain pleasure which the ego can derive from the painful aspect of a situation in which it is narcissistically wounded because of the loss of instinctual gratification and feelings of omnipotence. To avoid the painful implications of this loss, the ego can defensively take pain upon itself as pleasure which is not in the painfulness itself, but in the pleasureable significance which the ego has given to the situation in order to avoid the pain. The painfulness of submission is present whether it is consciously experienced or not. Ferenczi¹³ refers to masochism as pleasureable obedience which the child originally learned from the parents. The original pattern for the masochistic experience lies in the dependent, submissive position of the child with reference to the parents.

The long period of dependence of the human child in the purely physical sense, produces the intense emotional depend-

¹² Nunberg, Hermann: *Allgemeine Neurosenlehre auf Psychoanalytischer Grundlage*. Berne: Verlag Hans Huber, 1932, p. 104.

¹³ Ferenczi, Sandor: *Loc. cit.*

ence on the parents. One cannot rebel against those whose protection, care and love one still needs.

A male patient was speaking in analysis of his reaction to unpleasant situations and stated that as long as he received some recompense for bearing them he could endure the unpleasantness. Wherever there was no reward his tendency was to turn and fight. His reaction was one of submission which went so far that it included not only tolerance of the unpleasantness but turned it into pleasure: 'I grew to love the vegetables my mother forced me to eat, and which I hated.'

The only way for the child to solve the conflict between the impulse towards autonomy of his ego and the pressure of the will of his parents is to submit because it is actually weak and dependent upon its parents. In submitting, that is, in giving up or modifying an instinctual wish, a twofold process is set in motion. Angry with the depriving parent these hostile impulses are in conflict with feelings of love and a feeling of guilt is the result. In addition, the child's ego is hurt; there is pain for the child in the fact that it must submit. The child copes with the narcissistic problem by discounting the difference between what it wants and what the parents expect of it—a sour grapes attitude. But it comes to represent as well an identification with the will of the parents: 'What they want me to do is what I really want to do myself'. The child has thus given up a piece of the independence of its own ego by fusing its will with the will of those on whom it is dependent. Dependence has been the pleasureable part of the child's infantile experiences of being tended, carried and fed, protected and comforted; it has enjoyed receiving gifts and being instructed. Recent memories of the sensual pleasures of infantile receptivity pave the way for the enjoyment of domination by submitting to the will of his parents. It is this type of masochistic reaction which Theodor Reik has described so accurately as victory through defeat. Although the will of the small child has had to submit, it has been truly victorious in two ways: (1) it has maintained the illusion of autonomy by identifying with the will of the stronger one; (2) it has conquered pain by converting it into pleasure.

It is not that pain itself is experienced as pleasureable, but that the ego defensively, in order to spare itself an inevitable hurt which would be even more painful, reëvaluates and eroticizes the situation which originally gave rise to its pain. This defense serves still another purpose. In adopting the humble, submissive and dependent attitude, the ego has given up its freedom to a large extent; it has become the seat of conflict, of striving towards autonomy and a liberation from the trends towards suffering. The masochistic reaction, then, becomes a way of appeasing feelings of guilt for hostile impulses towards love objects. This is a well-known function of all neurotic symptoms; the pay-off demanded by the superego. It is only because they seem superficially to bring pleasure through suffering that the origin of masochistic responses is sought in the relationship between the ego and superego in regard to the problem of guilt; and the persistence of masochistic behavior is explained in terms of unconscious guilt feelings which demand constant expiation. It seems to us that the masochistic pattern of behavior is particularly suitable for the appeasement of guilt feelings, but that its origin lies in the defensive reaction of the ego to narcissistic injury.

Besides the pleasure in submission, a hope that ultimately one's own will prevail is characteristic of the masochistic situation; the injury to the ego is not so great as to preclude either the possibility of the conversion of it into pleasure, or abandoning the expectation that ultimately the ego and what it wants will come into its own.

The child masters the early narcissistic pain to its ego by converting it into masochistic pleasure not once, nor a few times but throughout childhood. It is the background of its day to day living with its parents. What makes it possible for children to tolerate this situation and, moreover, to thrive and grow in it, is the knowledge and experience that their parents love them and that they return this love. Love in a dependent relationship is what makes a masochistic reaction possible. But the hope always persists that perhaps some day the child will be victorious through an assertion of its independence. It is summed up by the child in the words 'when I grow up'.

As long as the dependence, subservience and submission of the child is not too painful to its ego, the masochistic manner of mastering it is possible and economic. Should the wound become too great, the ego too completely threatened in its autonomy, then the resentment against the domination by the parents is likely to burst forth in violent rebellion. This is what the man patient meant when he said he could bear an unpleasant situation as long as there was sufficient recompense for him in so doing; otherwise his impulse was to fight.

Thus conceived, masochism becomes a part of man's inevitable psychic destiny as a civilized being. For the relatively normal individual the independent functioning of the ego predominates; the masochistic fixation on the parental images is not sufficient to cripple the autonomy of the ego which is able to act and behave in such a manner as to gain for itself adequate narcissistic satisfaction. The neurotic is fixated libidinally in his childhood reactions to his parents, and his ego is more than normally dependent on them. He thinks of himself as a child and as a child he wants on the one hand, his parents to assume responsibility for his acts, on the other, to rebel and assert his will. This reaction was repeated in the transference of the woman patient described. In speaking of something she planned to do in the future she let slip the characteristically childish remark 'when I grow up. . . .'

Automatically the question arises, as to how are we to free our patients from this masochistic response and make possible an autonomous functioning of the ego in an analytic situation which recreates the parent-child relationship. In the case of the girl described, we observed that in spite of the persistent analysis of the masochistic transference, this was not sufficient to bring about the expected change in reaction and the patient continued to gratify her masochism in the analysis.

Analysis had its origins in the method of hypnosis. In his early works¹⁴ Freud describes his use of hypnosis to help the patient recall the circumstances surrounding the traumatic

¹⁴ Freud: *Fragment of an Analysis of a Case of Hysteria*. Coll. Papers, III.

experience associated with the onset of the hysterical symptom or attack. He found, however, that not all cases lent themselves to hypnotic treatment, and instituted other technical measures which enabled him to arrive at the pathognomonic material. He placed his hand on the patient's forehead or took the patient's head between his hands and urged him to concentrate on the situation connected with the appearance of the neurotic symptom. Freud speaks of the need to force the patient to concentrate, and of the effort it was necessary for him to exert to overcome the patient's unwillingness to remember.

Ferenczi,¹⁵ in describing the relationship between hypnotist and patient, distinguished two types: first, the type in which the hypnotist represents for the patient an authoritative father to whom he must submit; second, the type in which the hypnotist is a protective, maternal figure who soothes the patient into yielding to the hypnotic treatment. It is the former type of relationship of which Freud speaks when he refers to forcing memories from his patients. This relationship in the hypnotic situation which is for the patient a repetition of his relationship with the authoritative father of his childhood, must be characterized as was its earlier prototype, by the masochistic response. The hypnotist is able to make use of the situation in that he actually becomes the authoritative father figure which corresponds to the projected imago of the patient, and takes advantage of this rôle to suggest behavior to the patient. His will dominates that of the patient who submits and does as he is told.

Whereas there are times in every analysis when the patient projects the imago of the authoritative father onto the analyst, the therapeutic technique calls for making this transference phenomenon conscious to the patient, especially if it interferes with the further progress of the analysis. The analyst does not make use of the rôle which the patient out of his own needs has ascribed to him, as does the hypnotist. The analyst has been found best to serve the interests of the patient by

¹⁵ Ferenczi, Sandor: *Loc. cit.*

being as neutral as possible in the expression of his own personality; by being a screen on which the needs, conflicts and wishes of the patient can be projected and understood. But the use in analysis of the transference as one of the main tools for therapeutic work has not broken a thread of similarity which stems from the hypnotic to the analytic method. The analyst in the reality of the analytic situation as distinguished from the transference is, like the hypnotist, an authoritative figure. He is master of the situation, sets the time and place, asks for the free associations, speaks or is silent, and is in the position to understand his patient and to make interpretations. The patient is dependent on and subordinate to him. As a child must submit to his parents because it is physically and emotionally dependent on them, the analytic setting itself places the patient in a similar submissive relationship to the analyst. Inherent in this situation are unavoidable opportunities for reëxperiencing the masochistic gratifications of the parent-child relationship. The stimulus for this masochistic response need not come alone from the unconscious of the patient, but may spring from the use which his foreconscious impulses make of a reality. The analysis of the transference alone may not free the patient from the tendency to compulsive repetition. In cases where the ego of the patient suffered no great injuries in early childhood and the masochistic reaction was not extreme, it may not be necessary to be too much concerned with freeing the patient from this type of masochistic reaction. In many cases, like the one included in this report, the narcissistic wound to the ego was so great and showed so persistent a tendency to repeat such a response that real therapeutic success could not be achieved without in some measure freeing her of the masochistic dependence on the analyst.

It is not within the scope of this paper to discuss the technical measures by which the analyst can reduce the tendency of the patient to exploit the masochistic possibilities of the analytic situation. In general, it is important that the real relationship between patient and analyst have some content and substance other than that created by the analytic situation

itself. This is achieved if the analyst presents himself in a distinctly human rôle, unafraid to show his own personality and to function with friendly interest towards his patient, reserving his cooler objectivity for the material of the analysis. This functioning of the analyst as a real person, in the course of which he reveals something of his own ego, liberates the ego of the patient for freer functioning because the patient is able to relate himself to an imago of the analyst which approximates his personality rather than to one which places the analyst exclusively in the position of an authoritative, perfect parent.

The patient comes into analysis, because he is injured psychologically, with the conscious expectation of relief from unhappiness and conflict, and the unconscious expectation that the original disappointments which he experienced in relationship to his parents will be made good in relationship to the analyst. If these expectations are not in some measure fulfilled the masochistic reaction will persist. If the masochistic component in the analytic relationship between patient and analyst were only a phenomenon involving unconscious and transferred emotions which have their origin in the patient's early history, the process of analysis could be counted on to uncover them and to help the patient achieve some degree of freedom from them. But because the masochistic experience is inherent in the situation, only direct gratification and a strengthening of the ego can break the vicious circle and free the patient from an excessive masochistic reaction. This gratification must take the form of making good to some extent the original narcissistic wound to the ego which was responsible for the masochistic pattern. The already too greatly wounded ego of such a patient cannot endure new narcissistic injuries from the analyst whom he has already charged with expectation as a representative of his parents. The neurotic part of these expectations should be analyzed; but if they are not gratified in some measure, the patient cannot free himself from the masochistic reaction which exploits the real relationship to the analyst. The analyst must be careful to reduce the effects of mastery by stepping out of

the omnipotent rôle, thereby reducing the need for a masochistic reaction on the part of the patient and giving his ego some emotional sustenance.

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CRITICAL ANALYSIS OF THE ELEMENTS OF PSYCHIC FUNCTIONS

Part III

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CHAPTER VIII

Freud's metapsychology attempted to make psychological facts more comprehensible by attributing different psychological functions to quasi personifications which he called 'id', 'ego' and 'superego'. In healthy persons who do not have strong inner conflicts which in turn bring them into conflict with their surroundings, no such division of psychological instances is observable. Although these terms help to visualize more easily the different forces²⁹ in conflict, I do not believe they help much in our theoretical thinking. They come to be spoken of as if they were actual organs. And that, for instance, the superego is sometimes split into two kinds of superego which seek to enforce conflicting moral codes upon the ego shows that these simplifications of thinking lead to artificial complications.

However much psychoanalytic metapsychology³⁰ be discounted, the libido theory remains essentially unchanged except that we do not look upon the libido as a preformed drive with specific sexual aims, which differ in the various periods of the development, but rather as an undifferentiated driving force directed by the sensual apparatus or by memories of sensual experiences. Libido is not drive, but the sensually oriented direction of drive towards objects. The different phases of libidinal development, as described by the libido theory, are expressions of the development of the sense organs.

²⁹ Freud describes psychic conflicts of forces. We prefer to describe them as conflicts of motives—as conflicts between psychosensual object representations.

³⁰ That Freud did not overestimate his metapsychology may be inferred from the introductory sentence of *The Ego and the Id*. There, reflectively, he reviews the train of his thought, beginning in *Beyond the Pleasure Principle*, with a certain 'benevolent curiosity'.

Freud in the posthumous *Outline of Psychoanalysis*³¹ emphasizes, what he had long before stated, that 'nervous or mental energy exists in two forms, one mobile and the other, by contrast, bound' (p. 44).³² In the chapter on dream interpretation he concludes from the evidence of the existence of condensation and displacement in dreams, that 'in the unconscious id the energy is in a condition of free mobility and that the possibility of drawing off quantities of excitation is of more importance than anything else to the id. . . . An analogy is afforded by the non-commissioned officer who accepts a reprimand from his superior in silence but vents his anger upon the first innocent private whom he happens to meet' (p. 48). The id is relatively indifferent about the manner, or upon what object the discharge takes place. This important statement confirms in essence the concept of an undifferentiated drive energy which seeks indiscriminate discharge both in sleep and when we are awake.

In waking states the aim and character of drive is modified by the reality principle. Although knowledge of reality depends entirely on the functioning of the sensory apparatus, perception of objects alone does not suffice as a reality test. A savage, for instance, attributing lightning to the fury of a god, we would certainly say has not a proper representation of observed facts in his mind; yet one of his fellow savages would find his sense of reality all right. What is required is a definition of reality. However all attempts to formulate a satisfactory definition of reality have failed by reason of a subjective element in it which eludes concretization as do, similarly, efforts to state definitively what is beautiful or what is good.

St. Thomas, the Disciple, did not believe the evidence of his eyes when he saw the resurrected Christ. He had to *feel* him, to touch the scars of his wounds. The test of reality in this case required the corroboration of the testimony furnished by different senses. Such corroboration requires activity to

³¹ Int. J. Ps., XXI, part 1, 1940.

³² Freud's bound energy is the energy invested in the fully developed sense organ functions.

establish whether the testimony of one of the senses is trustworthy. The more corroboration by various senses, the greater the conviction of having established essential reality.

The evidence of some senses is evaluated as much less reliable than that of other senses. The smell of something burning usually stimulates great activity to discover the source. Failing to discover a source, one asks another person whether his sense of smell corroborates the olfactory impression. If not, one will perhaps stop searching but will not be satisfied because it is merely a conclusion and not a sensual proof. A mistaken visual impression, by contrast, may leave a person a little worried about the fact that he had a hallucination; but his intellectual curiosity is satisfied by recognizing that the reality test proved his sense impression to be wrong.

A theory likewise requires sensual confirmation to carry the conviction that it accords with reality. The theorist busies himself to find a way to prove by 'trial activity' (Freud) whether his hypothesis is true or not. If his theory is correct, then a certain chain of events must produce a certain result, sensual perception furnishing those experiences which were anticipated. If a theory is confined to the intellectual functions (logic, for instance, or mathematical theories) there is often little possibility of testing the theory experimentally; instead, mental activity seeks to correlate the hypothesis to other logical facts represented in the mind in order to prove whether they can be corroborated with the rest of our thinking or not. But considering that our thinking itself is based upon residues from sensual impressions we still have the element of sensual perception in the test for the truth of even the most abstract theories.

What is to be emphasized is that activity is required to procure final sensual verification of imaginations, impressions, ideas, and theories.

Still a third element must be present in the reality test. Let us consider for instance a certain type of psychotic whose external senses are in order in so far as they are capable of carrying objective sense impressions to his brain and who also has no impairment of his motility. We observe that his reac-

tions to his sense impressions seem to us to be inadequate, the subjective accent which he puts on his different sense impressions being very different from the evaluation of the same impressions which the average person might have. We get the impression that the psychotic is not really sad when he cries, not really happy when he laughs. I would venture to say that the only emotion which seems to be genuine (and this only during the acute phase) is fear. This fear I believe is a genuine reaction to the real danger of losing his hold on reality which is psychologically equal to *losing one's subjective reactions to reality*. He feels that he is in the process of ceasing to be a subject and becoming a reflex automaton. The acute phase of psychosis past, the patient presents to us the picture of an empty shell. Experimentally it can be proved that his senses are functioning physiologically; also that, even in lethargic states, his motility is physiologically intact, but that the motives for using both in an adequate way, as a response to perceived real objects, are no longer present. Gone from the psychotic is that constituent of consciousness, subjective perception,³³ which is the faculty of feeling pain and pleasure in response to objects of perception.

Freud wrote,³⁴ 'A dream, then, is a psychosis, with all the absurdities, delusions and illusions of a psychosis'. This is only the outward aspect of psychosis. The objective perception and activity of the dreamer are essentially reduced but his subjective perception, his ability to experience pleasure and pain, are very much alive. The psychotic by contrast has no reduction of functioning of his sensory apparatus and motility but has a greatly reduced subjective pleasure-pain reaction to it. The material from which both dreams and delusions are formed must lie between subjective perception, which is reduced in the psychotic, and active and passive relationships to objects (motility and sensual perception), which are temporally reduced in the dreamer. This intermediate field between subjective and objective perception is here tentatively called 'ideation'.

³³ Cf. diagram This QUARTERLY, X, 1941, p. 536.

³⁴ Int. J. Ps., XXI, part 1, 1940, p. 51.

Ideas have a close connection with both subjective and objective perception. An idea is not merely a representation in the mind of an objective situation, but it is also the expression of a subjective pleasure-pain reaction to it. Ideas, however, arise not only from immediate actual sensual perception but can be produced as well out of residues of former perceptions (engrams) which are stored as memories. Those engrams which are derived from the objective side of ideation can be evoked and variously combined by available free energies which are directed by the pleasure-pain principle as a subjective lead. This is the condition which obtains in dreams. External sensual perception (the senses) operates at a minimum. Motility is also diminished; however, muscular activity is but one of many energetic processes in the body like metabolism which, although they may not be experienced by us as activities, lead nevertheless to transformations of energies inside our bodies and can be perceived by our inner senses as internal objects. The energy set free by these processes may create energetic tensions just strong enough to furnish that minimum of energy necessary to evoke the engrams of former external perceptions which produces dreams. This drive energy will be directed by the pleasure-pain principle to the evocations of engrams. Waking thought representing as it does a much more difficult task because it requires overcoming subjective resistance against adjusting one's thoughts to reality, we must assume that there is not enough energy at our disposal when we are dreaming, not enough activity possible, to test our imaginations for their reality value and apply our logical faculties. The thin stream of free energy during sleep does therefore not lead to correct thinking. Freud demonstrated that it is an important part of the work of dreams to protect sleep. The fact that there are often very strong emotions in dreams without awakening the dreamer is an argument in favor of our theory that all our conflicts are really only conflicts between contrary motives and not between contrary drives. A small psychic quantum, of which we do not know which way to dispose, is just as troubling as a great one. The troublesome factor is the indecisiveness. Our dreams seem to attempt trial solutions of our problems

by releasing only small quantities of energy to conflicting motives. It is an interesting question whether dreams are attempts to solve conflicts, and whether they have a therapeutic effect in themselves which in analysis is simply enhanced by psychoanalytic interpretation which clarifies all the issues involved. Waking resistance, represented by the necessity for adjusting our thinking to reality, does not exist in dreams. But perhaps the most important resistance factor which is reduced in the dream is the moral adjustment of our thoughts to reality. Moral elements are very important influences in our object relationships. Similarly, our æsthetic evaluations are greatly depreciated and diminished. The still functioning balance of these pleasure-pain-resisting mental activities represent what Freud described as the censorship which gives unconscious wishes (primary process) a secondary form and tries to disguise the most objectionable uncontrolled dream elements by giving them a more moral, more logical or a more æsthetic appearance.

The one mental function to which ideation is adjusted, and which operates without diminution in sleep, is the subjective perception of pleasure and pain. Freud said the same thing in his statement that sleep is a wish fulfilment and must therefore meet the needs of the pleasure-pain principle. We do not need to seek pleasure in dreams. Deep sleep is itself pleasurable enough. But if the calm state of sleep is ruffled either by sensual perception which penetrates the barrier between the sense organs and reality, or by perceptions of the inner senses caused by too much free drive energy, the individual protects himself against disturbance of the pleasure which he gets from sleep by forming dreams out of those disturbing elements themselves. The individual who wants to sleep tries to make himself deaf and dumb to objective perceptions, anticipating a state in which the subjective pleasure-pain principle is paramount.

In psychosis the case is just the opposite. The subjective pleasure-pain reaction to objective perceptions becoming more and more inefficient, what little remains available is used up

in an unpleasant sensation of fear which is caused by the approaching danger of losing all pleasure reactions to objective experiences. The less an individual responds with pleasure and pain to external experiences the less is he concerned about the moral, æsthetic and logical adjustment of his ideas to that vanishing reality. What he needs and needs badly is to feel something.

That many psychotics in this state show negativism, turn their faces to the wall and either do not react or react aggressively if accosted, is merely another form of defense against the danger of losing contact with reality. Instead of trying to force himself to feel something, the psychotic persuades himself that it is not true that he has lost contact with objects. He tries to create in himself the illusion that he is tired of people and does not want to have relationships with people. He behaves as if it were his wish to be isolated, not acknowledging to himself that he no longer has any choice in the matter. This is a more or less effective device to banish the fear of loss of reality. If he can convince himself that he wishes it thus, he need not be so afraid. Negativistic psychotics have generally grown up without getting much attention from their parents, especially their mothers. By contrast, highly emotional patients who try desperately in prepsychotic states to feel something, had been given a lot of attention from their parents and were very dependent on their surroundings, and a heroic acceptance of isolation by them is impossible. The negativistic psychotic has better insight; if he is depressed his depression is objectively justified. He knows that his subjective perception of pleasure and pain is paralyzed; he feels dull and empty, which he really is. These two reactions of negativism and forced attempts to establish positive contacts will often alternate in one patient.³⁵ I found in many of these

³⁵ A similar alternative is seen in two different methods of treatment. Shock therapy succeeds by violence in forcing the patient to feel strongly. This effect abates after a while in the atmosphere of routine everyday reality. The other kind of therapy tries to overcome the psychotic's only justifiable feelings, his *fear*, by hypnotics.

alternating cases the history of a mother who showed over-concern about the patient's physical well-being, with utter lack of understanding or real consideration of the patient's personality. But this is only one of the factors involved and I do not pretend to establish a definite rule by retracing these reactions solely to the attitude of the mother of the patient, although it is one of the more important influences.

Once, when Beethoven was almost deaf, he felt very happy that he had a faint acoustic perception of an extraordinarily loud clap of thunder during a terrible thunderstorm. The psychotic no longer cares whether what he feels is true, moral or beautiful if only he feels something. The ideation therefore, in which he takes refuge, shows also a similar disregard for those controlling factors which constitute the reality test. This is what makes dreams and delusions so similar to each other. In both, moral, logical and æsthetic considerations are pushed aside—in the case of the dreamer because the organs of these functions are in a state of reduced activity; in the case of the psychotic because the reality testing function is lost. Far from caring whether the objects he perceives or imagines are real, the psychotic has difficulty in determining whether *he himself* is real.

Early schizophrenias in which a manic state is prevalent or in which the manic excitement alternates with states of agitated depression are often diagnosed as manic depressive states. In this incipient period the psychotic still appeals to his sensual impressions in a desperate attempt to make himself feel something. In a state of uncontrollable activity and excitement he makes sexual assaults indiscriminately. What he strives for is the experience of strong pleasure or even pain (self-mutilation) by sensual perception. He does not succeed, and his quest for a sensual experience ends in exhaustion. That this activity is not the expression of superfluous drive energies seeking an outlet is shown by the fact that these excited incipient schizophrenics often die within a few days from mere exhaustion.

The frustration of the psychotic does not come from inhibitions which interfere with his striving for pleasure, but from

his seriously impaired ability to feel pleasure.³⁶ The frustration, in other words, is not imposed upon him from the outside or from a representation of an outside object, the superego, but is an inefficiency of his own pleasure-feeling apparatus. Freud described psychotic delusions as attempted self cure. The psychotic is surely aware that there is something terribly wrong with his sensory apparatus—that he does not feel pain or pleasure adequately. Critical analysis of the sensual functions distinguishes between objective perceptions and subjective ones, but in practical experience both are supplied by the same act, and therefore the individual must be under the impression that the feeling of an object in itself should convey pleasure. Pleasure is, so to speak, a 'quality of the object' perceived. But pleasure or pain are merely our subjective responses to the perception of these objective qualities. From this projection of our pleasure and pain sensations on the perceived object derives the urgency of the psychotic to increase the intensity of his object perceptions in order to increase his inadequate response to it.

The cause of the insufficiency of subjective response to objective perceptions, which constitutes the disposition to psychosis, we do not know. It may be that further physiological research will teach us more about it.³⁷ The fact that such an inadequacy of functioning of the subjective sensory apparatus exists in cases of psychosis may explain our impres-

³⁶ The *primary narcissism* of the psychotic cannot be explained in terms of drives diverted from objects and concentrated on the ego. From our point of view drive energies (as objects of internal objective perception) cannot be abreacted on external objects because the subjective evocation of the pleasure-pain principle has failed. This failure induces the patient to become aware of the lack of pleasure and pain reaction in his perception. His own sense organs become objects of his own sensuality. A psychotic patient of mine started with a strong anxiety caused by the fact that even his favorite food tasted to him like chalk. This 'narcissistic cathexis' of the sense organ because of failure to experience sufficient subjective sensations is the counterpart of the narcissistic cathexis of the sex organ because of its failure to convey sufficient objective sensations. We understand the term 'narcissistic cathexis' to mean the treatment of a part of the body, or ego, as though it were an object.

³⁷ There is some reason to suspect that some dysfunction of the visceroreceptors or their central representation is responsible.

sion that there is a hereditary factor involved. It is difficult to believe that such a factor could have anything to do with ideation or the power of imagination. The enormous intensification of the power of imagination in psychosis is secondary. Failing in his quest to retrieve his vanishing sensual experiences—either from exhaustion or because his frantic efforts fail to provoke the expected subjective reactions—the psychotic resorts to fantasy.

This brief excursion into psychopathology is intended to present only enough of a vast unsolved problem to make clear the application to it of sensualistic psychology, and to demonstrate the function of the subjective pleasure-pain principle in relation to the testing of reality.

CHAPTER IX

Psychoses rarely start before puberty when physical maturation impels the individual towards adult sexual relationships or, having established them, he is disappointed and frustrated in his sexual relationships. If we consider the genitals, from a psychological point of view, as specialized sense organs, we can say that comparatively they give us the least knowledge of the objective qualities of objects. The sense of touch in the genitals conveys very little about the qualities of the object touched; yet it is the genital as a sense organ which evokes the pleasure principle to a far greater intensity than any other sense organ. The genitals, when aroused, are regarded by the individual as 'object', and are not infrequently spoken of in this manner. The more a sense organ is 'objective', i.e., the more it conveys to us the qualities of the object which arouses it, the less are we aware of this sense organ itself.

Different senses have a different distribution of subjective and objective elements in them. At one end of the scale are the senses which convey mostly the character of objects and a minimum of evocation of the pleasure-pain principle. These are the distance senses, seeing, and hearing. Next, follow the senses of smell and taste which also convey the character of the stimulating objects but which evoke much more intense subjec-

tive reactions of liking and disliking—that is of pleasure and pain—than the distance senses proper. Then comes the sense of touch which conveys to us more general qualities of the object like its consistency, temperature and surface characteristics, but which evokes the pleasure-pain principle to a greater degree than any of the preceding.³⁸ At the peak of the scale of intensity are the genital sensations which, however, convey very little about the object's characteristics; so little, in fact, that it is generally submerged in the pleasure sensations which are evoked by the genital sense organ itself. These pleasure sensations become so strong that the genitals, from which the pleasure is derived, are looked upon by the individual as if they were the object which evokes the pleasure principle.

This comes from our tendency to ascribe sensations to objects. We follow this tendency even when the sensations are purely subjective pleasure or pain. Such projection of subjective pleasure-pain sensations to objects is a general trend of our sensual constitution. If a sight, a melody, a smell, a taste, something touched, evokes pleasure in us we project the pleasure onto the object and say that the objects are pleasant. That we make such a projection onto our genitals proves that the genital is really a sense organ despite the fact that the objective qualities communicated by it are so insignificant according to the pleasure-pain principle, that it can scarcely be classified as a sense organ which, according to definition, is an organ which communicates to us qualities of objects. Because this communication of object qualities is so weak, we are unable to project much of the intense pleasure evoked by sexual excitement onto an external object.

The great difference between the genitals and any other sense organs is that the projection of pleasure sensations to an object cannot be fully made. But being a sense organ, the individual reacts to his general tendency to project onto objects what he perceives subjectively and, without such an object on which to project, the sexually excited organ is treated like an

³⁸ The 'sense of touch' is actually a group of senses which have the common characteristic that they require close contact to be aroused.

object. The only parallel is the attitude towards an aching part of the body. An aching tooth, for instance, focuses all one's attention and the aching member is perceived as an object.³⁹ In contrast to such 'narcissistic cathexis on an auto-erotic basis', a sexual relationship, by the combined evidence of all the senses, provides an object on whom to project the subjective pleasure sensation and to whom to ascribe the qualities which produce the pleasure. If satisfactorily achieved, autistic and narcissistic attitudes are abandoned and genital pleasure sensations establish conditioned object relationships. This is the reason for the inefficacy of masturbation as an outlet for sensual tension, and the immeasurable value of sexual object relationships because the latter engage our entire sensory apparatus, and not merely the genitals.

With reference to the mixture of objective and subjective elements, we have classified the senses in the following ascending order: a, distance senses (seeing and hearing, sometimes smelling); b, contact senses (smelling, tasting, touching and certain proprioceptors); c, body senses (genitals, certain proprioceptors). These three classes of senses have corresponding valences of activity. Sights or sounds which do not lead to concrete situations with which these impressions can be linked arouse little activity. If pleasurable these sensations can be enjoyed without activity. If these senses arouse displeasure we act simply to suppress the functioning of these senses. Such activity is not directed towards an object but tries merely to avoid disagreeable sense impressions. A passive attitude cannot be maintained if contact senses are aroused. Smelling, tasting, or touching evoke stronger pleasure or pain reactions and

³⁹ This explains the psychological attitude towards one's genitals as being a very valuable possession with all the uneasiness the possessor may feel if he imagines the danger of losing it. This attitude towards the genitals which treats them as if they were objects is perhaps the most cogent reason for fear of castration particularly when an individual never encountered a real castration threat. Such treatment of a part of the body as an object is narcissistic. The attitude towards the genital is therefore narcissistic from the start because of the preponderance of pleasure over objective perceptions which it creates. This distinguishes genital narcissism, which is *positive*, from negative narcissistic cathexes of *pain*-conveying organs. Our whole concept of narcissism should be rediscussed from this point of view.

elicit correspondingly greater activity. The body senses, induce the strongest reactions because they release the greatest quantities of free energy.

Superficial appearances induce us to assume a great difference between the sexual activity of the two sexes. Objectively the sexually excited female seems more passive than the male, but female sexual excitement leads to just as much activity as male sexual excitement except that this activity is not so conspicuous because it is more equally distributed on many less conspicuous actions. Feminine 'sex appeal' is not achieved by passivity; the way a woman attracts a man is a series of rather complicated actions which in themselves, as actions, are not conspicuous but nevertheless are so manifold that much active energy must be invested in them. In sexual intercourse, activity is as necessary for a woman as it is for a man, although she may outwardly behave rather passively. The female orgasm is also the result of activity. The basis of frigidity is an inhibition of such activity as should normally be mobilized by stimulation of a woman's sexual organs.

There is an obvious parallel between the ability of different sense impressions to evoke pleasure-pain reactions and their ability to evoke activity. The evocation of the pleasure-pain principle behaves like a secondary electric current which is induced by a primary current (sensation of the internal object, or free energy). If there are two parallel systems of electric conductors it makes no difference which of these two systems carries the primary, inducing current; it will be always the other system in which the secondary current is induced. It seems to work in such a way that the internal objective sensation of free energy can evoke the subjective sensation of pleasure and pain and vice versa: a strong pleasure or pain sensation will set free a great quantity of energy. This would account for the fact that the body senses set free the greatest energy for active use, whereas the distance senses set free only a relatively small quantity.

Before puberty, the relationship of the individual to his environment is based on uncomplicated object-subject relation-

ships of the senses. Because the immature genitals do not set free unusual quantities of energy, they function like any other contact sense organ. In the beginning of puberty, an autistic narcissistic attitude towards one's own genitals prevails; they are perceived as object. The adolescent, sexually inhibited, and at a loss to cope with these powerful new stimuli, masturbates. At first, the masturbatory act and the content of fantasy are purely narcissistic. This is soon changed by the substitution of object fantasies. The transition from narcissism to object choice takes place via homosexuality, the homosexual object being a mixture of his own person and another who closely resembles himself but still is not himself. Only after this step from pure self-love to love of himself in an object can the final step to loving an object different from himself be taken and heterosexuality achieved. Individuals who for whatever reason suppress or avoid an open or disguised homosexual phase of development often achieve only the semblance of object relationships with the opposite sex while inwardly they remain narcissistic and autistic. For them, psychologically, intercourse is merely masturbation by means of an object.

It is my conclusion from the observation and treatment of many psychotics that the pleasure they derive from masturbation, in which if at all they indulge excessively, is not very strong. The act releases only small quantities of energy just as all fantasies and dreams require only small quantities of free energy for their operation. Some of these patients said that masturbation was not a real pleasure although it was pleasant. One described it as merely the dream, the shadow of a pleasure, and he compared it to the dissatisfaction which he felt on waking from a pollution dream.⁴⁰ Another class of

⁴⁰ Similar complaints are made by intelligent alcoholics. They say that drinking itself is not a pleasure, that they do it in the hope of getting into a state of mind more susceptible to the experiencing of pleasure. This function of alcohol is at least as important as its ability to remove inhibitions. The opinion that alcoholism is closely related to psychosis has been expressed by many observers. States of intoxication often bear close resemblances to psychoses. Alcoholics like psychotics seem to crave adequate emotional experience. Rado's 'initial disturbed mood', with which addiction starts, also seems to be related to the incipient stage of psychosis.

psychotics never masturbated at all and revealed only vestiges of masturbatory equivalents. But the fact that psychotics who do masturbate do it excessively indicates that the lack of an adequate pleasure sensation is not a physiological weakness of the reproductive organs. Some patients had masturbated several times daily since puberty until they came into treatment and were always able to have an emission. They were striving to make up for the lack of quality in their sexual experience by increased quantity. It is the increasing pressure to achieve sexual pleasure which drives normal adolescents to sexual objects which promise such a high premium for breaking through forbidding rules and that enables them to dare to do so and assume responsibility for their own actions.⁴¹ It is not so much the high pressure of sexual energies but the higher premiums offered which makes them approach an object. If this premium is not promising enough to the individual he takes the easy way out by remaining narcissistic and autistic in his sexual practices. The retreat from reality because of fear (anticipation of pain) must be distinguished from lack of pleasurable anticipation which causes failure to approach reality. This starts a process by which gradually external reality is replaced by one's own body, and relationships to the outside world appear to be projections of the parts of one's own body in the sense that Franz Cohn⁴² describes this phenomenon.

Consideration of the foregoing discussion brings us with some surprise to the conclusion that the subjective pleasure-pain factor seems to be of very great importance for testing objective reality. This is startling because we are accustomed to think of reality as something existing outside of ourselves and of our minds, independent of our awareness of it. Reality is looked upon by us as an objective fact or constellation of

⁴¹ Freud's observations in *Totem and Taboo* about the process of becoming adult are recalled in this connection. First the father (outside authority) must be depreciated before the sons can reërect in themselves the authority which may be projected (God) but is psychologically the son's own moral authority. It seems that one cannot become responsible without sinning.

⁴² This *QUARTERLY*, IX, 1940.

facts. And now we see that in order to become aware of these objective facts we have to respond subjectively; each one of us has to add to the testimony of his objective senses an element in his own mind in order to make objects real for him. An exclusively objective reality without subjective reaction has no meaning. This seems startling simply because we are subject to that characteristic tendency of our mind to ascribe all our sensations to objects, and to accept our senses as witnesses to whatever is outside of ourselves, quite overlooking the function of the subjective mind which is to reflect the objects which enter through the sensory apparatus.

As in the case of the psychotic, where the subjective pleasure-pain reaction is not strong enough, so also in the case of the neurotic, the pleasure-pain principle plays an important rôle in confusing his sense of reality. But in the neuroses the pleasure-pain principle seems to be too strong, too rigid, to be subjected to the necessities of the external world which try to modify it to conform to the reality principle. The neurotic has to place a barrier between objects and his perceptions of them in order to restrain himself from giving in to the temptation to be stimulated to action too easily by the perceived object. The psychotic does not repress his object-perceptions and representations; he tries to do just the opposite, namely to increase them because by increasing them he hopes to increase his subjective response.

The neurotic's 'real' life is in his dreams. The psychotic dreams in real life. Those facts led Freud to his comparison of dream and psychosis. The similarity is phenomenological, not fundamental. Freud showed clearly, that the repressions of the neurotic are directed against the objectionable object-representations and their derivatives. The psychotic does not repress them; he evokes them in abundance because only in the engrams of emotionally exciting experiences from the prepsychotic period (childhood) are there memories of truly emotional relationships with real objects for him. These memories are evoked when emotional response to the immediate environment fails. The psychotic is in this respect com-

parable to a formerly rich man who has fallen into poverty and humiliation and lives in memories of past abundance. He tries to enliven his world with ghosts and shadows of a friendly, pleasant past, driven by the fear of being left in utter asensual darkness and meaninglessness. Fear intermingles with the pleasant memories, turning them secondarily into dreadful visions. The fact that the psychotic becomes poorer and poorer through this process of emotional alienation defeats all his efforts to invent a reality he does not have. It is a losing battle in which eventually even the stimulus of his basic fear has lost its sting and he drops into oblivion, not only of this world but also of himself.

The impairment of genuine object relationships which is common to both psychosis and neurosis has an absolutely different meaning in each. The same mechanisms which the neurotic uses to defend himself against tempting objects which threaten to unleash his drive energies in a way that seems dangerous to him, serve the purpose for the psychotic of whipping up his emotions in the quest for sufficient pleasure and pain sensations to enable him to feel that he really exists.

A psychotic and a neurotic, both patients of mine, developed the same phobic symptom: the inability to go around street corners. For the neurotic patient, 'going around a corner' had the meaning, to 'get somebody around the corner' (the German equivalent of 'taking somebody for a ride'), a reminder of his patricidal fantasies. For the psychotic patient the corner meant the end of the world, beyond which there was nothing. It had the same content as the dreams of the end of the world which Freud described as characteristic of incipient states of many psychoses, symbolizing the loss of reality. In a sense, rounding the corner had the meaning of death for both because for the neurotic, identification with the father whom he wished to murder was very apparent, and for the psychotic the loss of reality is the equivalent of death. The neurotic patient was afraid to enter the world beyond the corner whereas the psychotic was afraid of leaving the world this side of the corner. The neurotic resisted the impulses which were trying

to push him around the corner, the psychotic resisted drifting around the corner.

The essential difference between these two phobias lies in the field of ideation, i.e., the subjective reaction to object representations. Too strong or too weak subjective responses to objective perceptions determine the idea by which the objective perception of the street corner is interpolated into the patients' minds. There seems to be an optimal intensity of pleasure-pain sensation in response to a perceived or imagined object which leads to what we call sense of reality. If the subjective response to an object or object-representation is too strong, urging too much towards dangerous action, it disturbs the sense of reality. If the subjective pleasure-pain sensations are too weak, the sense of reality is lost because the individual is robbed of a field for his activity. Considering the important rôle of subjective reactions in the testing of reality, the expectation of finding a formula of what constitutes a true representation of reality is seen to be futile. Reality is not real to an individual if he does not respond to it subjectively nor can it be considered to be real if he has subjective factors in his perception of it. This contradiction cannot be undone. It constitutes a sort of psychological antinomy, comparable to Kant's antinomies of pure reason. The basis of it is the fact that there cannot be an object without a subject and vice versa. Reality (truth) is relative.

Although relative, the conviction of truth is of outstanding importance for practical actions. Action requires belief in the truth which provides the motive for action. Without such conviction, action is uncoordinated, diffuse, yielding easily to any distraction which pleasurably attracts the senses. Thus, what one may call subjective truth is most important in psychology because as the representative of both objective and subjective perceptions it releases energy for activity. The basic conclusion at which we arrive is that in the complicated mechanism of consciousness, the multitudinous objective and subjective perceptions and memories have meaning to each

person only in proportion to the possibilities they offer for releasing his free energy.

Subjective and objective perceptions are preconditions necessary for testing reality, but the reality test itself is an act. The reality of our ideas can only in a limited way be judged objectively from the results of our actions in reference to our preformed expectations. There can be no objective mental criterion of reality because of the importance of the subjective element which influences ideation. The only way to put the question to an objective authority outside the subjective mind is by action whose failure or success disproves or confirms the answer. But such truth is also subjectively influenced because the questions we put to reality by being active are colored by subjective hopes and fears. This subjective element formulates the question which is represented by the activity. Often the question put to reality is a silly one and the answer is correspondingly silly.

Speculating about the individual as a unit which serves as a machine for the transformation of energy, let us consider that foodstuffs and oxygen are taken in and undergo a metabolic process of energy transformation with the result that a quantity of transformed energy is set free in the body to be released to the outside. The sensory apparatus may be conceived as the regulator and director of the intake and output of energy, a means to this end. Activities which bring about the intake and output are the essential functions which link us up with our substantial surroundings. Any disturbance in our perceptive apparatus, whether objective or subjective, external or internal, must therefore constitute a disturbance in the energy-transforming processes. Such a disturbance will moreover add to the disorder of the sense apparatus, creating a vicious cycle which will make the whole system of the organism work in an inefficient and uneconomical way.

While such speculations may be permitted the psychologist, they are nevertheless outside his province. The basic problems of the production and transformation of psychic energies

are subjects for investigation by the physiologist and biologist. The field of the psychologist must remain the system of perception: consciousness, or what would be consciousness if it were not repressed.

The repressed (the unconscious in a strictly psychoanalytical sense) contains ideas which could become conscious if they were not opposed by other, stronger ideas. Psychoanalytic interpretation is the interpolation of missing thoughts to raise the otherwise incomprehensible manifestations of the unconscious to the level of consciousness. The repressed unconscious (primary process) shows none of the characteristics of orderly conscious mental operations. It makes sense only if the repression is removed. Psychoanalysis is a process of conquering more ground for consciousness by making sense out of the most 'senseless' symptoms. A symptom can be comprehended in the same way as any other content of consciousness by applying the principles of sensual perception to it. The unconscious is a sort of illegitimate child of the conscious mind which psychoanalysis has restored to its birthright. Psychoanalysis therefore is an application of the psychology of the conscious mind to the unconscious.

Psychology is the science of the determining motivations of our actions and reactions. Freud's great discovery, the unconscious, and his detection of the fact that we have merely to interpolate repressed trains of thought in order to make the unconscious make sense, led him to the formulation of the psychological law that all of our actions and reactions are strictly psychologically determined. The inalienable possession of psychoanalysis is its deep insight into the strict determination of mental functions. The proper subject of psychology is the detection and statement of these motivating determinants both within and outside the individual.

Psychoanalytic metapsychology starts with the mistaken assumption that there is a variety of drives each with an inherent specific aim. This false assumption has closed a fertile field to further investigation of psychological motivations and has led to such dramatizations or animistic con-

ceptions as ego, superego, id, the death instinct and others which confused the essential psychological task of finding the motives which determine behavior. The revision of the theory of drives presented in these chapters may, it is hoped, remove obstacles to our thinking and prompt us to look deeper for determinants which are facilely overlooked if we ascribe motivations to inherent tendencies of assumed specific drives.

CHAPTER X

In conclusion, I wish to state that the chief revision of psychoanalytic theory which I propose, is the abandonment of the concept of specific *drives* and its replacement by the concept that, from a psychological point of view, drive in itself is nothing but nondescript biological energy directed by the individual's sense impressions, or their derivatives, to various objects and actions. It is further proposed to regard as genuine *instincts* only those biologically inherited mechanisms or coördinated reflexes which are ready-made directing devices inherited by the individuals of a species. This theoretical revision does not change much of our basic theory, and very little in its practice. That a new concept of undifferentiated drive can replace the old one without disturbing the whole theoretical structure is not only a sign that the foundations of psychoanalytic theory are firmly founded, but also that drive theories in themselves do not seem to be an essential factor in psychology. It explains why the theoretical unwieldiness of the metapsychology has no ill effects on our procedure except perhaps that it taxes our thinking too much in a purely theoretical way, and forces us to get into complicated theoretical speculations that are futile rather than fertile. By recognizing that psychology is a science of motivation and not of somatic processes, psychoanalysis is simplified and the approach to the energetic background of human functions is not confused.

One criticism is certain to be made against my presentation as a whole. It is the argument that I am merely reviving the old concept of a *vis vitalis*, of *élan vital*, by stating that drive

energy is pure biological energy with only the aim of abreacting on some object, and having no specific psychological aim and content.

This criticism involves two misunderstandings. One is that in regarding energies to be in this sense nonspecific, I am saying that they are not psychic. I do not say so because I do not know. The subjective point of view has been followed throughout this investigation and has no bearing upon what kind of energy drive energy is; whether it is specifically psychic energy, or whether it is nerve energy, electricity or some other form of energy. The inner sense with which I subjectively perceive energy as the inner object has no other formal qualities at its disposal than time, which Kant described as the form of the inner sense of self. And time certainly is not the formal factor which can tell us anything about different forms of energy. This is not to say that some day it may not be possible to define the form of the energy expressed in drives, and such a definition would certainly help our understanding very much. But I do not think that it is essential for the point of view presented in this investigation.

The second misunderstanding is that, apart from the different possible forms of energy set free, these energies have to be identical with or equivalent to the old concepts of a force which produces life.⁴³ This misunderstanding is based on the assumption of specific aims of drive energies. I consider the energy inside the individual just as unanimated, nonliving, merely physical, as I consider the substantial elements of our body, the carbon, nitrogen, sulphur, phosphorus, calcium, etc. It would be completely inconsistent for me to see the principle of life as coming from a specific life energy or from any specific energy at all. In the same way that I look upon sensual perception, external, internal, objective, subjective, as the determining factors which direct drive energies, so do I have to look

⁴³ Such an interpretation is, as a matter of fact, much more applicable to Freud's 'libido', especially when it assumes the features of Eros in *Civilization and Its Discontents*. Any doctrine which endows energy with intrinsic aims must eventually come to similar 'final' conclusions, because it is based on an animistic projection of will power.

upon that quality of living substance which makes perception (sensuality) possible as the essential principle of life in general; and this specific quality of the living substance cannot be anything but sensitivity. Sensitivity is not something confined to living substance. We observe here and there the quality of sensitivity in substances which we do not consider as living. But not until organic substance appears in which sensitivity plays a much greater rôle, do we discover the characteristics by which we are generally used to distinguish life from non-living substances.⁴⁴

Sensitivity, which is the basis of the functioning of our sense organs, perception and psyche may also include the basis for the phenomenon, life. The body as the carrier of all our functions including the psychological ones, consists of substances not essentially different from any other substances, living or not living. Its essential qualities are represented by what we generally perceive as matter and force. One of the outstanding qualities of matter is inertia, the tendency to remain in whatever state of motion it happens to be. This property of matter applies also to the substances we are made of. It was this train of thought which led Freud to the assumption of a death instinct, of a striving to return to a state of inorganic equilibrium. Such a tendency, from our point of view, cannot accurately be called biological because it is not confined to living substances but is a property of all substances. At this point psychological speculation transgresses not only the limits of its specific field but also that of biology. Psychological formulations based on material physical facts must inevitably lead to confusion and misconception. Freud described as a psychological drive a characteristic of matter which is neither a psychological nor a biological phenomenon. This inertia must in living substance be modified; otherwise the 'spontaneous' functions which are characteristic of life, as locomotion, reproduction, and so on, could not develop.

Such modification of the intrinsic inertia of a body, whether

⁴⁴ It may be that the delicacy of equilibrium in the substances with which colloidal chemistry deals is the basis for the quality of sensitivity which is so characteristic of living substances.

it is living or not, can only be imagined as coming from sensitivity in the biological sense, or sensuality in a psychological sense. A body cannot be inert if it has a sensitivity titillated all the time by irritations. Sensitivity removes indifference of matter towards impact with other substances and forces. Living substance is sensitive and therefore has to react. Sensitivity forces a substantial body to take note of outside occurrences to defend itself against them or to strive for them. Breeders of carp always keep a few pike in ponds where they breed carp in order to keep the carp moving, lest they degenerate. The loss of several carp matters less than the degeneration of the whole breed. This is perhaps an unpleasant but it is certainly an accurate allegory of life. Sensitivity aroused by irritations to activity, directed by subjective pleasure-pain sensations forces us to overcome the intrinsic quality of inertia inherent in all matter. It is sensitivity which forces us to form a biological unit, to become a living being, which interrelates not only our body with external objects, but also the different parts, organs and cells of the body with one another. The same rôle which sensitivity plays in biology is played by sensuality in psychology. Sensation, whether external or internal, objective or subjective, is the same biological sensitivity which produces the phenomenon 'life' concentrated in specific body organs in which it is the prevailing function. The fact that rudimentary 'sensitivity' can also be found in nonliving substances (chemical 'affinities', polar phenomena in electricity and magnetism, gravity of masses, etc.) indicates that there is no sharp cleavage between living and nonliving substance, nothing that puts 'life' in principle into opposition to the rest of the physical world.

Life is a concatenation of interrelated sensitivities, a cycle in which one sensitive reaction of substance furnishes the impulse for another one and so forth. Accumulating entropy, or irreversibility of energetic processes in an organism, at last results in dullness of the senses, in reduction of sensitivity. Thus the essential organizing agent, sensitivity, loses its grip on living substance which being relieved of the whip of constant stimulation, lapses into the indifference of amorphous substance.

THE METAPSYCHOLOGY OF THE ANALYST

BY ROBERT FLIESS (NEW YORK)

Of the two persons involved in the analytic situation, one, customarily not considered a problem, is the object of this brief metapsychologic study. While in the course of the analytic procedure the patient, gradually sloughing off the personality epitomized in his diagnosis, moves towards becoming truly an individual, the analyst remains from beginning to end what he always is while at work: essentially a 'categorical person'. It is this person that we shall attempt to describe by subjecting him to as close a scrutiny as the present state of our theory warrants.

The psychoanalyst is molded out of the raw material presented by the individual who intends to devote himself to the calling. Our educational recipe directs us to select a physician with mental health, psychiatric training, and psychological aptitude. After completing a training analysis, lectures and seminars, he will be able to analyze patients, although he will for a while need our periodic advice. Everything in the curriculum of this student consists, as in any other curriculums of professional training, in imparting rational knowledge and experience. Even the training analysis can here hardly be considered as an exception, for the purpose of this procedure—which, as Freud in one of his latest papers has said, as an analysis 'can only be short and incomplete'—is accomplished 'if it imparts to the novice a sincere conviction of the existence of the unconscious, enables him through the emergence of repressed material in his own mind to perceive in himself processes which otherwise he would have regarded as incredible, and gives him a first sample of the technique which has proved to be the only correct method in conducting analyses. . . .'¹

¹ Freud: *Analysis Terminable and Interminable*. Int. J. Psch., XVIII, 1937, p. 401.

This curriculum is quite in accord with a good deal of the analyst's therapeutic activity which actually consists in the application of very specialized knowledge to the understanding and correcting of pathological mental conditions in his patients. No one could, however, conduct an analysis with results if he limited himself to such an application. He would be bound to become hopelessly caught in the ambiguities of interpretation and would never convince anyone because he would never have convinced himself of the true nature of what he sees. He would come to feel that he must have overrated his instruction which had not taught him how to grasp the real character of his patient's utterances before it had him render them subject to an at least potentially correct interpretation.

This is precisely the point where the analytic technique appears as but a very particular kind of practical psychology, and where it draws on what the training requirements rightly call 'psychological aptitude', which they are equally right in requiring the future analyst to possess as a prerequisite for his training instead of expecting it to appear as a result of it. We may hence turn from his curriculum to the history of our man and acknowledge that we expect nature and possibly infancy to do the better part of the work in creating the infrequent combination of 'born psychologist' and passionate theoretician that is indispensable for the mastery of our profession.²

This acknowledgment leaves us, however, still curious as to the character of that quality, 'psychological aptitude'. We are therefore compelled to begin all over again with the candid question: on what does the so called born psychologist's keenness in sizing up his object's utterances depend? Essentially on his ability to put himself in the latter's place, to step into his shoes, and to obtain in this way an inside knowledge that is almost first-hand. The common name for such a procedure is

² The occurrence of such a combination is naturally much rarer than that of its elements; hence the ever repeated attempts made by so many to dispense with the intricacies of Freud's theoretical contributions, and the lifelong endeavor of others to substitute the application of theory for a full-fledged experience of their own.

'empathy'; and we, as a suitable term for it in our own nomenclature, should like to suggest calling it *trial identification*.³

A correct metapsychological description of this process would be as follows. We know that the nuclear process in identification is introjection (6). The analyst's identifying with the

³ Reik (7) questions that the mechanism is really an identification. 'It is said', he explains, 'that in order to comprehend another person we must be able to imitate in our own experience what is going on in the other's mind. To me that assumption seems misleading, not because it suggests a difference in the intensity of the experience, but also because at the same time it denotes essential difference in the quality' (p. 194, ff.). It is these doubts which we have to call unjustified, or in other words, the evaluation by Reik of his own description, not the description as such, which is well deserving of quotation, at least of its high lights.

The actor (whom the author uses for exemplification) 'has developed in his art what we have all possessed in embryo since our childhood: the capacity to share in the experience of others, not *like* our own, but *as* our own' (p. 196; italics Reik's). . . . 'The psychological condition of analytic conjecture of repressed impulses is a like unconscious change in the ego for the fraction of a minute together with subsequent reversion to the former state, and the power to discern our own former transformed ego objectively in the other person' (p. 196). . . . 'Thus comprehension is preceded by a reproduction of what goes on in the other person's mind: it is an unconscious sharing of emotion seized upon by endopsychic perception. The observation of another is here diverted into observation of the ego, or rather to the observation of a part of the ego, transformed by taking some object into itself' (p. 198).

Why is this not a transient identification? Because it uses one's *own* latent possibilities? That is characteristic of *any* identification: the material out of which I erect the other person in me cannot but be my own. It is ultimately for this very reason that the popular description is able to reverse the process by calling it 'stepping into somebody else's shoes' (*'sich in jemanden hineinversetzen'*, '*se mettre dans la peau de quelqu'un*'). These locutions seem to follow the subjective accompanying experience, which apparently is an object-libidinal one, and as such is nearer to consciousness than the narcissistic concomitant that it entails. This concomitant we saw correctly designated by Reik as the 'observation of a part of the ego transformed by taking some object into itself'. Could the fact, finally, that only *a part of the ego* participates in the identification be a reason for his withholding the term? This fact, a topographical state of affairs (for which we will account hereafter) makes indeed for what Reik calls a 'difference in the quality of the experience' and designates as 'essential'. The use of this adjective in a matter purely experiential is of course indisputable. What we wish to dispute, however, is its use in the corresponding conceptual evaluation. There it obscures the truly essential fact that this 'difference in the quality of the experience' is the result of a topographical peculiarity only, not of one concerning the *mechanisms* involved. These mechanisms are illustrated in Reik's own description, and wherever they operate the result can only be called an identification.

patient, however, cannot possibly mean—as the idiom ‘stepping into somebody’s shoes’ would suggest—that he introjects himself into the patient’s mind, for it is in the analyst’s mind that everything has to occur. It can only mean that he introjects the patient’s mind.⁴ But would this be desirable? Would it not convert the analyst partially into the patient, and thereby of necessity restrict affectively the free use of his perception and of his faculty of elaboration? The answer is given by the complete (although merely dynamic) formulation of the process: a person who uses empathy on an object *introjects this object transiently, and projects the introject again onto the object*. This alone enables him in the end to square a perception from without with one from within; it is a trick that one can see operated by anyone who attempts anywhere a psychological evaluation. Any practical psychologist, analytic or nonanalytic, has to be able to perform this particular test just as quickly and reliably and as undisturbedly as, for example, the tea taster, who introjects materially a small sample only long enough to be able to taste it. The psychoanalyst, however, in contradistinction to any other psychologist, will have to apply empathy in a very special situation. It is this unique application, specific for our particular work, which demands here the closest possible study.

The least accessible and the most important phase of the curative process in therapeutic analysis (comparable almost to the commercial factory secret in an industrial manufacturing process) is the transformation of practically each and every⁵ neurotic conflict into a transference conflict. For only in the transference can any conflict effectively be resolved. The analyst must therefore manage to lend himself to becoming an ideal transference object—not a personal but a merely cate-

⁴ More correctly, the patient’s ego as the hypothetical subject of the utterances to which empathy is to be directed.

⁵ I am conscious here of differing from Freud, who in *Analysis Terminable and Interminable* declares this impossible. (*Loc. cit.*, p. 388). My own experience compels me to call it a test of the proper conduct of an analysis that no pathogenic conflict is allowed to escape from temporarily entering the transference.

gorical one. Technique requires him to serve as what might be called a 'transference dummy', to be dressed up by the patient, i.e., to be invested with the various traits of his infantile objects. This means no less than that with whomever the patient has had any conflicts, he will temporarily have these conflicts with the analyst.

If we now apply our concept of empathy to the transference, we shall be laying the first theoretical hold on a sequence of intrapsychic events in the analyst during the analytic session. For the formula which we obtain by such application informs us that the patient's transference conflicts, while passing through what might be called the psychic 'working metabolism' of the analyst, have temporarily to become intrapsychic conflicts in the latter.

Could we artificially isolate a particular striving of the patient in a transference conflict and view what happens to it when subjected to the analyst's empathy in detail, we should discover the following four phases in this 'metabolic' process. (1) The analyst is the object of the striving; (2) he identifies with its subject, the patient; (3) he becomes this subject himself; (4) he projects the striving, after he has 'tasted' it, back onto the patient and so finds himself in the possession of the inside knowledge of its nature, having thereby acquired the emotional basis for his interpretation.

Such abstraction has the advantage of making comment possible on each of these phases separately, and of thus acquainting the analyst with the dangers specific to each. He will be able to learn when and how he is threatened with failure in each particular part of his performance.

In the first phase, in which he is the object of the striving of his patient, an instinctual response will be stimulated in the analyst. This is called the 'countertransference', but it deserves this name only in the case of the further complication that such response repeats an infantile one and uses the patient as a substitute for its infantile object. The problem of what to do with this induced striving becomes therefore identical with the problem of 'handling the countertransfer-

ence', only with the same qualification. If we say that if handled properly the instinctual forces aroused in the analyst will be transformed so as to reinforce his sole and only purpose of intellectual penetration, we pronounce a truism, but afford at the same time a deduction as to the economics of the procedure. For performance will here depend on the completeness of such a transformation, i.e., on all the energy of the striving having been used up in the process of its sublimation.⁶ If it has been, it will so to speak furnish the momentum for the analyst's entry into the next phase in order to lay hold of the emotional correlate of the object of his curiosity by means of a transient identification.

It is expedient to review this second phase, the identification with the subject of a striving directed at the analyst, in conjunction with the next. For with this third phase the identification has been accomplished: the patient's striving has been transformed into a narcissistic one in the analyst, who by now has become its subject as well as its object.

This formulation enables any one familiar with metapsychological terminology to recognize the situation (of which it so far describes the dynamics only) as a 'danger situation' (Freud),⁷ and therefore prone to stimulate any of the appropriate reactions. It is the analyst's narcissistic equilibrium that is in danger at this point; in other words, his activity potentially threatens his mental health. The more conscientious the worker, the less will he be able to evade this situation or to retreat from it. He may consequently find himself in the grip of the unfortunate alternative of either having the situation revert into an object relation utterly inconsistent with his work, or of suffering any of the ill consequences of a damming up of narcissistic libido. If the patient's striving in

⁶ We feel entitled to use this concept here for what it is worth. Its discussion requires a different context and does not yield anything that is specific for our subject.

⁷ It will be recalled that Freud understood this term—danger situation—as implying the threat of an impending situation which he called the traumatic situation, and that he defined the trauma, the anticipation of which constitutes the danger situation, as a breaking through of the defense against an excessive stimulus (*Reizschutzdurchbruch*).

question is a libidinous one, this damming of libido will be particularly likely to seek a way out by transforming itself into object libido. The resulting libidinal relation to the patient is bound to interfere with the analyst's rôle as a transference object in the sense that we found requisite above. But it will equally hamper him in the rest of his functions; for elation will dull the keenness of his watchful psychological penetration and lure him into overstepping his rôle of observer. If the patient's striving is aggressive, the analyst's corresponding reaction on the object-libidinal level could only be masochistic. But the attitude resulting from such a reaction—an attitude comparable to that of the martyr—is not propitious in analytic therapy. It is no more propitious here than it is, for example, in 'progressive' education where it constitutes one of the typical and most frequent misapplications of Freud's findings, and results from an apparently identical constellation: identification with the aggressor, in this instance the child. On the level of narcissism the corresponding response is bound to be a tendency towards depression⁸ or the disposition to physical illness.

⁸ It is not an atypical experience to find this masochistic attitude in an analyst who asks for technical advice, and to be consulted later by the same individual about disturbances of a depressive nature.

But while the 'masochistic technique' has no counterpart in the experienced, the depressive disequilibrium has one in the normal. For even the steadiest and most proficient workers will have noticed at times at least mild oscillations in their *Selbstgefühl*, their narcissistic equilibrium; and I feel that this part of analytic activity, the intrapsychic elaboration of the patient's transference impulses, particularly his aggressive ones, accounts for a symptom which all analysts are likely to develop occasionally: a fatigue, physical as well as mental, that is not quite in proportion to an hour spent in a comfortable chair at a work which while he was doing it did not even impress the analyst as imposing any particular strain.

Here, by the way, is the place to credit Ferenczi with having been the first to ask of the future a special 'hygiene' for the analyst in his paper on *The Elasticity of the Psychoanalytic Technique* (4). The passage, which could almost serve as a motto for our study, is well worth quoting: 'As a problem thus far untouched I wish to point out a possible metapsychology of the psychic processes of the analyst during analysis. His cathexes oscillate between identification (analytic object love) and self-control, and/or intellectual activity. He can afford the enjoyment of a free living-out of his narcissism and egoism only for brief moments in fantasy, not at all in reality. I do not doubt that such an

The fourth phase, that of reprojecting the striving in question after it had been the analyst's for the brief moment of trial identification, presupposes its having been kept free from admixtures.⁹ It is here as it is in bacteriology, where we may

onus, hardly occurring elsewhere in life, will necessitate sooner or later the creation of a special hygiene for the analyst.'

Freud (r) himself became well aware of the 'dangers of analysis threatening not the passive but the active partner in the analytic situation', and the suggestion, which he finally made, that the analyst turn analysand every five years, may well be taken as his contribution towards such a hygiene.

In between the times of Ferenczi's and Freud's publications Simmel dealt analytically with the psychology of the medical therapist and discussed the well-known phenomenon that the specialist is so frequently a patient in the very field in which he is a physician. Simmel (5) writes: 'I am calling such "specialists" "partialists" ("*Partialärzte*")'; and explains that he does so because 'their professional activities are, viewed psychoanalytically, the equivalent of a perversion. . . . What occurs is a kind of organ fetishism which as a counter-cathexis serves as the energy-source for the repression. For instead of "transferring" onto the patient, the specialist identifies with him. Instead of reviving the organ of the patient he tries to lay hold of it by introjection, to "repress" it; by doing so he is bound to become ill himself from the libido-congestion of his ego (or the organ). He reintverts the relation to his patients, and thus regresses from understanding to introjection, from the communicative "utterance" to action, from "Mit-Leid" (sympathy) to "Mit-Leiden" (sym-pathos, suffering-with, suffering-in-common). I have seen stomach specialists fall ill of gastric diseases, psychiatrists of psychoses, psychoanalysts (from counter-identification instead of countertransference) of neuroses and depressions.'

We see the author end his description, which is excellent but for its terminological insufficiencies (They reflect a period in our science when formulating separately the fate of narcissistic and object libido was as yet hardly possible; the reader may be left to correct them for himself.), by directly applying it to our theme, for he states tersely that the analyst's field—and hence danger spot—is the psyche.

⁹ Barbara Low (6) in dealing with *The Psychological Compensations of the Analyst* gives a description in contravention (at least of its consequences) to ours, of what in this paper has been called the trial identification, and has been applied especially to the transference. 'The essential process', Miss Low writes, 'appears to be a form of introjection and projection directed towards the material presented by the patient, a situation which parallels the relationship between the artist and the external world upon which he works'. 'The artist', she later explains, quoting Freud, '(for artist here we may substitute analyst) in contact with the external world (for which we may substitute patient) obtains his material, molds and illuminates it by fusion with his own unconscious, and presents it again, thus reshaped, in forms acceptable to reality demands and to the unconscious of the world (the patient)'.

This description is quite consistent with the one the author gives of the analyst as "eating his own meal" side by side with the patient's and so 'reliv-

transfer a bacterium from an animal onto a medium and back again, and where we have to be sure that it has remained uncontaminated by anything that the medium might carry. In other words, we have been able to guarantee that no instinctual additions of our own distort the picture after the reprojected of the striving onto the patient.

The foregoing description has the typical disadvantages of its kind. It is forced to dissociate elements that are in actuality inseparable, and must fail in its attempt to adapt the rigidity of its conceptual abstractions to the flow of events. It could therefore no more cover the fact that the trial identification depicted at such length is but one of the several activities amongst which the analyst steadily oscillates, than it could include an account of the topical qualities of the personality venturing on this trial identification. Such account will have to be given separately and may start with drawing upon another characteristic of the analyst's therapeutic activity.

The psychoanalyst has to proffer towards the patient's utterances what Freud calls 'free-floating attention'. His activity when he complies with this technical requirement seems to be correctly covered by the term: 'conditioned daydreaming'. The word 'conditioned' is used here as it is in 'conditioned associations', in contradistinction to free ones. The analyst certainly does not indulge in ordinary 'free' daydreaming, where the stimuli come largely from within, for his daydreaming is almost entirely stimulated from without, and by one particular source: the patient's reactions. He keeps close watch on these

ing his own inner sequence'. ('The production and assimilation of this material,' she explains, actually 'has the closest parallel to the taking in and recombining of actual food material, and the pleasure-activity accompanying the processes.') It is inconsistent, however, with our request that the patient's striving, passing through what we called the analyst's 'working metabolism', be kept free from admixtures. The term 'working metabolism' we arrived at by modifying Abraham's 'psychic metabolism'. This modification was predicated upon full awareness of the difference between the narcissistic constellations in analyzing and in other activities such as mourning for instance, or for that matter, artistic creation. The sober metaphor of the tea taster was chosen not because we deny the existence at certain points of an analogy between artistic and therapeutic 'creation', but because the point in question seems to us precisely one wherein they differ.

reactions but restricts this vigilance almost exclusively to one sensory sphere, that of hearing. The eye serves as but an accessory to the ear; smell is almost, the sense of touch completely, excluded, for he reciprocates his patient's motor restrictions. Thereby is obtained one of the prerequisites for daydreaming, which requires a relative restriction of mobility in the same way as night dreaming requires a complete one.

The foremost metapsychological characteristic of the dreamer's personality is its topographical redifferentiation: the dreamer's ego is reduced to a sort of perceptory surface of the id, whose unconscious contents appear as hallucinations restricted only by the superego whose activity is reduced to that of the dream censor. In daydreaming, reality testing is not lost but is temporarily renounced, and the ego obtains, at the price of this renunciation, free access at least to the whole range of the preconscious psychic content. This state of affairs is commonly reflected in the relative coherence of a daydream as compared to a dream; for the primary process has only a limited influence on its formation. By availing ourselves of our preconscious psychic content and of the help of primary processes in elaborating, by means of conditioned daydreaming, upon our analytic perceptions, i.e., the patient's material, we supplement most efficiently our rational elaboration upon this material, both in the transference and elsewhere.

The problem is only how to exploit the advantages of the situation just outlined without incurring its disadvantages. For obviously we can neither at any time renounce the use, without the slightest restriction, of our faculty of reality testing, nor can we ever allow any impairment of the keen operation of any of our intellectual functions (the critical penetration of the material offered, the determining of the course of the treatment as we intend to conduct it after due consideration of a variety of aspects of the case, such of our activities as might be called educational, etc.).

This problem¹⁰ appears at first sight insoluble, because

¹⁰ Ferenczi (4) saw this problem as early as 1918 and formulated it as concisely as could be done without the use of metapsychological terms not available at that time. In *The Control of the Countertransference* (p. 189) he writes:

advantages and disadvantages are brought about by the same topographical change; it seems therefore impossible to abolish the latter without losing the former. It is true that we constantly oscillate between the two topographical states, that of full and that of partial differentiation; but this obviously cannot make available to us the uninterrupted use of faculties which seem to depend on one of the two conditions between which the oscillation occurs.¹¹

The answer is that the analyst must make possible what rightly seems impossible, because it is actually impossible for the average person, and must do so by becoming a very exceptional person during his work with the patient. To this end he will have to acquire a 'work-ego' with the special structure which we are attempting to analyze by means of our metapsychological description. While we have above indicated the peculiarities of this ego in several of its basic functions (perceptions, motor function, sublimation,) and thereby touched upon two of its three fundamental relationships, those to id and environment, we have so far neglected its relation to the superego.

This relation is of a particular kind, tends to elude formulation, and yet constitutes the foremost characteristic of the analyst's work-ego. We have seen this ego subjected to the severest restrictions: its environment is narrowed down to one object; this object, the patient, becoming a categorical one (i.e., an individual as a member of his particular category alone); intercourse with this object is restricted practically to one sphere of perception and one of motor activity, and operating

'Analytic therapy . . . makes claims on the doctor that seem directly self-contradictory. On the one hand it requires of him the free play of association and fantasy, the full indulgence of his own unconscious . . . on the other hand the doctor must subject the material submitted by himself and the patient to a logical scrutiny, and in his dealings and communications may only let himself be guided exclusively by the result of this mental effort. . . . This constant oscillation between the free play of fantasy and critical scrutiny presupposes a freedom and uninhibited motility of psychic excitation on the doctor's part, however, that can hardly be demanded in any other sphere.'

¹¹ We may assume that it was the lack of metapsychological orientation that caused Ferenzci in the paper just quoted to go no further than to require of the analyst the mere ability to perform such oscillation.

under the obligation to utilize any instinctual stimuli for the sublimated purposes of its work.¹² But we have disregarded the economic aspect in our description.

Economically such an ego transformation is feasible for the limited working period of the analytic hour largely because the voluntary submission to these severe deprivations constitutes a proportionately intense superego gratification. This results in an ego-superego relation in which the ego, by means of its renunciations, under the conditions and for the duration of the analytic situation, induces the superego to lend its specific powers to the ego's free use. The superego's judicial function becomes thereby what might be called the analyst's 'therapeutic conscience'¹³ and its function of critical self-observation enables the analyst's ego to achieve that singular detachment towards its own psychic content, conscious as well as pre-conscious, which we found so indispensable for his work.

While we are able to formulate this result, we cannot yet state what brings it about, for a precise description of the ego-superego relation referred to is not afforded by our existing

¹² These restrictions are apt to produce in the analyst an instinctual blocking (*Triebstauung*). If the urge towards discharge finds a path in professional elaboration, it results in technical innovations, especially when supported by other motives for rebellion. Collectively considered, most of these improvements actually consist (as in view of their origin one would expect them to do) in reintroducing all the activities into the situation of which Freud gradually divested it in his period of trial and error in technique.

¹³ An analogous transformation of the superego, and on analogous terms, may be obtained by individuals while engaging in other work, e.g., scientific research. Would we hesitate to call the result of such transformation the scholar's 'scientific conscience'?

Nietzsche, in a penetrating remark on the genesis of what he calls the 'scientific character' seems to indicate the very same metapsychological conception when he writes: '*Die Gewissenhaftigkeit im kleinen, die Selbstkontrolle des religiösen Menschen war eine Vorschule zum wissenschaftlichen Charakter: vor allem die Gessinnung, welche Probleme ernst nimmt, noch abgesehen davon, was persönlich dabei für einen herauskommt . . .*' (*Der Wille zur Macht, Drittes Buch*. p. 469).

'Conscientiousness in small things, the self-control of the religious man was a preparatory school for the scientific character, as was also, in a very pre-eminent sense, the attitude of mind which makes a man take problems seriously, irrespective of what personal advantage he may derive from them . . . (*The Will to Power*, Third Book, p. 469. Trans. by A. M. Ludovici.)

metapsychological symbols.¹⁴ We can at present do no more than, following Freud, indicate the mechanism that seems responsible for the change in relationship.

This mechanism falls under the libido theory; the term for it is displacement of cathexis (*Besetzungsverschiebung*), and Freud, although frequently using this term, only once made a truly topographical application of it. This application occurs in his paper on Humor (2) and is the more suited to serve as a model for our own in that it concerns itself with the identical topic, the ego-superego relation. Freud explains that the humorist's attitude is brought about by a shifting of the psychic accent (*Verlegung des psychischen Akzents*) effected by displacing substantial quantities of cathexis (*Verschiebung grosser Besetzungsmengen*) between superego and ego. With this application the concept of displacement of cathexis graduates, as it were, is admitted by Freud to full membership in terminology, and is even prophesied an important future. When once our reluctance to analyze normal psychic phenomena is overcome, he says, we shall apply the concept of a shift in cathexis to the 'explanation of a good many phenomena of normal psychic life' and thus recognize how great a rôle 'their understanding requires us to ascribe to the static conditions as well as to the dynamic changes in the quantities of energy cathected'.

The analysis of the analyst analyzing has undoubtedly to be called such an instance. It reveals a divagation (*Ausnahmezustand*) in the normal, that is characterized by the very topographical alteration which displacement of cathexis is supposed to afford. Without entering into the discussion of the concept of displacement of cathexis as such, which would lead us too far into that of narcissism in general, we might, nevertheless, profit by a comparison between humorist and psychoanalyst in reference to the character of their respective ego-superego relations. Both are *Zustände* (Freud), states of mind in so far as they concern us here; both are normal, both transient. But

¹⁴ I shall at some other time suggest an addition to these symbols which will increase their formulative powers sufficiently to cope with problems such as this description.

while humor, as Freud explains, 'rejects reality, serves an illusion', analysis operates in a (laboratory) situation from which so much of the characteristics of ordinary reality are eliminated that the superego can afford to adopt the same formal character in its attitude towards the ego as in humor, but without the subject's meeting with the disturbing factors that could only be disposed of by indulgence in an illusion. As to their content the two attitudes are of course antithetic; for in humor the attitude is one of disposing of a reality by means of a joke implying its illusory evaluation; in analysis it is one of acknowledging and evaluating properly a reality which became 'psychic reality' by reduction through laboratory conditions. If, however, we disregard this difference in content (which by the way does not fail to reflect itself in the antithesis 'reconstruction'—'delusion', as discussed by Freud in his last technical paper [3]), the formal analogy becomes evident. To make it clearly discernible we can even use Freud's own oratoric illustration. He has Humor say: 'Look here, this is the world which looks so dangerous. Child's play—just the thing to be joked about.'¹⁵ We could have the analyst say: 'Look here, this is the (inner) world that seems so dangerous. A child's world—just the thing to be analyzed, i.e., to be reëxperienced, and to be understood.' Both speeches are soliloquies since it is in both cases a narcissistic constellation which they are meant to depict.

As a countercheck for the correctness of our analogy we shall find that we may apply verbally Freud's description of the experience of the humorist's hearer to the daily experience—conscious or unconscious—of the analysand; for he too expects that the analyst 'will show signs of some affect; will get angry,

¹⁵ The quotations from this paper are retranslations of the originals, in which, e.g. Humor's fictitious little speech reads '*Sieh' her, das ist nun die Welt, die so gefährlich aussieht. Ein Kinderspiel, gerade gut, einen Scherz darüber zu machen!*' (Freud: Ges. Schr., XI, p. 409). This in its colloquial simplicity, its measured brevity, its musical overtones, as it were, imperceptibly suggests all the qualities of a friendly 'talking-down'. It could almost be termed a glorified nursery speech, given by the parent derivative in us to the child in us, as envisaged by a literary writer. A translation that lacks this peculiar terseness of the original can appeal only to the rational in the reader.

will complain, express grief, fright, horror, perhaps even despair and the onlooker-listener is ready to follow him by allowing himself to be stirred by the same emotions. But he becomes frustrated in his readiness for emotion, for the other fails to show affect, and instead makes a joke; the emotional outlay thus saved finds its employment in the enjoyment of humor.' An analogous frustration of the patient's readiness for emotion helps to constitute the 'abstinence-situation' in which analyzing is done; and the emotional outlay thus saved the analysand finds its indispensable use in the dynamics of the therapeutic process to which he is subjected. The object's experience, however, as described here, but reflects in ours as in the humorist's case the subject's inner experience in analysis as in humor.

The fact, finally, that the narcissistic constellation which makes for this experience is a transient one, truly answers the pseudovocational problem discussed by Freud, who assures the analyst of his 'sincere sympathy in the very exacting requirements of his practice. It almost looks', he says, 'as if analysis were the third of these "impossible" professions in which one can be sure of only unsatisfactory results. . . .' And yet, he goes on to explain, 'we cannot demand that the prospective analyst should be a perfect human being so that only persons of this rare and exalted perfection should enter the profession'. The solution lies precisely in the transient character of the work-ego. It is not the analyst as an individual who approaches that 'rare and exalted perfection', but the temporarily built-up person who does so under the circumstances and for the period of his work. The ability in the analyst to achieve (not to feign) this particular transformation is an indispensable although perhaps an 'exacting requirement of his practice' . . .¹⁶

¹⁶ Freud's *Analysis Terminable and Interminable* which incorporates implicitly all his previous technical writing, supplied the chief stimulus for our study. Freud does not in this paper extract the *concept* of the analyst-at-work, which we did, and yet deals with the problem of how to obtain this person *in practice*, which we have neglected. In answer to this latter problem Freud writes: '. . . we hope and believe that the stimuli received in the candidate's own analysis will not cease to act upon him when the analysis ends, that the processes of ego transformation will go on of their own accord and that he will

We may summarize our findings in the following inclusive formulation:

The predominant characteristics of the analyst's work-ego (Arbeitsich) consists of a special temporary displacement of cathexis (Besetzungswandel), at present not fully describable, between ego and superego, whereby the latter's function of critical self-observation is utilized for the recognition of instinctual material which has transiently been acquired by identification with the patient. Thus, by virtue of its habitual faculty of practicing self-observation independent of the degree of consciousness of the material observed, the superego enlarges the ego's faculty of perception. By limiting its critical function to that of a 'working conscience', it abstains at the same time from acting as daydream censor and from restricting any of the ego's abilities necessary for the work.

This formula confines itself, as does the present paper, to what is specific for the psychoanalyst in his therapeutic activity. It deliberately neglects the fact that being a therapist—someone who, for a remuneration (in principle) endeavors to cure—implies a very definite personality in itself; one that in our instance will furnish the frame as it were for the analyst's personality as delineated above.

Since this study was undertaken to lay a systematic foundation for dealing with certain clinical problems, it has had to restrict itself to their theoretical aspects. Thus conciseness of scientific abstraction became mandatory for an author who as a clinician would advocate almost anything rather than a rigidity in behavior.

bring his new insight to bear upon all his subsequent experience. This does indeed happen, and just in so far as it happens it qualifies the candidate who has been analyzed to become an analyst'. The cautiousness of this unimpeachable formulation suggests at first sight that it is incomplete, but any supplementing of it lies outside the scope of this paper.

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BOOK REVIEWS

GERMAN PSYCHOLOGICAL WARFARE: SURVEY AND BIBLIOGRAPHY. New York: The Committee for National Morale, 1941. 133 pp.

This remarkable monograph is an absolute 'must' for everyone with any interest in the psychological aspects of social phenomena in general, and the present national and world scene in particular. It is a most impressive survey of the German literature since the last war which deals with the psychological implications of and applications to the development of present day Germany. Most impressive are (1) the tremendous variety of problems to which psychological knowledge has been applied and (2) the amazing thoroughness of organization through which these applications have been made.

All psychological and psychiatric research in Germany is on problems of war and state. The Germans recognize clearly that the total personality must be studied in evaluating an individual's potentialities and qualifications and not, for example, his skills alone. Hence, testing is given its place, but the major emphasis is on the evaluation of the entire emotional and intellectual life. This is utilized directly in the selection of personnel which begins with the careful observation of children of six years of age of whom from then on careful records are kept. Psychology is also applied to education which includes training for leadership, thorough grounding in German military history, and a broad variety of other subjects to produce a well-rounded individual, capable of initiative, action, leadership and self-education.

Hygiene is very carefully studied. For example, it is recognized that prolonged periods of work without vacation impair efficiency. Vacations however are not begun suddenly, but arranged so that there is a transition period from work to play. In addition to problems of selection of personnel of education and training, psychology is applied to clearly related problems of morale on the home front. The instillation of a conviction of Nazi invincibility is part of this, but the whole problem has been given such thorough study that if these reports are accurate, there is little possibility that German morale will collapse except under overwhelming reverses.

Other applications of psychology are made to the most thorough study of enemy countries—politically, socially, culturally, and so on, including detailed analyses of foreign national temperaments and the personal characteristics of their leaders for the purpose of playing off these forces in a manner designed to undermine and weaken enemy morale. For example, it is stated that Germany supported certain French leaders (Blum) in order to increase political opposition and disunity in France.

Psychology is also applied to the actual military attack including such details as colored flares to terrify populations at night. The efficacy of the German utilization of psychology depends upon its intimate coordination with other services. For instance, German uniforms are designed by an army officer, a physician and a psychologist in collaboration. According to these reports, Hitler's speeches, at least the recent ones, are written by a corps of psychologists who pay the minutest attention to every paragraph. The timing of the speeches is determined with equal care. It can be taken as established that psychology has proven itself to be an invaluable instrument to the army and to the Nazi party.

Despite the opposition to Freud, the German Army maintains a psychoanalytic institute according to these reports. Indeed, it is scarcely an exaggeration to say that the basic approach of Germans to both internal and external problems is a psychological approach, and that the armed forces have become in most cases a means to the final blow delivered after the enemy has been demoralized and disintegrated by psychological techniques.

All this bespeaks a thoroughness of utilization of psychological knowledge of which this country has no conception. The conclusion is irrefutable that in Germany psychology has proved itself against great opposition to be of inestimable value. It is obvious that we have everything to learn from its applications by the Germans, but it is equally obvious that the contributions of psychology in this country must be developed independently out of our own material in relation to our own problems. Probably the chief difficulty will be the same in this country as it was in post-war Germany, namely, to convince those in key positions that dynamic psychology be given the opportunity to demonstrate what contributions it can make in a great variety of specific concrete problems. That it will amply prove itself is overwhelmingly demonstrated by this volume which gives a more penetrating and

revealing picture of modern German then can be achieved by any other 133 pages known to the reviewer.

In a bibliography of 561 items, two are of special interest to readers of *THIS QUARTERLY*:

'Freud, S.: *Group Psychology and the Analysis of the Ego*. Internat. Psychoan. Press, London, 1922. This fundamental work is the raw material upon which the Nazis base a major part of their psychological offensives.

'Freud, S.: *Thoughts for the Times on War and Death*. In Coll. Papers, 4:288, Hogarth Press, London, 1925. Freud's book is still widely read and anonymously quoted among German army psychologists.'

LEON J. SAUL (CHICAGO)

AN INVESTIGATION OF THE TECHNIQUE OF PSYCHO-ANALYSIS. Edited by Edward Glover with the assistance of Marjorie Brierley. Research Supplement to the International Journal of Psycho-Analysis, No. 4. Baltimore: The Williams & Wilkins Co., 1940. 183 pp.

The literature about psychoanalytic technique is very incomplete. The technical instruction in training analysis, supervised work and case seminars still is based to a certain extent on oral tradition. Glover, as director of research in the Institute of Psychoanalysis in London presents in this book neither a textbook nor a discussion on technical problems but, as he calls it, 'an investigation' of technique: he attempts to ascertain by the questionnaire method how the analysts in the British Psychoanalytic Society actually proceed.

The questionnaire itself provides a variety of items to be covered. There are very general questions about technical procedures, special ones about the usual way to handle specific situations, and in the last chapter, Relations of Theory to Practice, even questions about the etiology of neuroses are asked, as for example: 'Do you regard the genital (phallic) œdipus complex (positive or inverted) as a main factor (a) in neuroso-genesis, (b) in the genesis of psychoses, (c) in characterological cases?' Or: 'Do you regard pregenital fantasy systems as being secondary (regressive, defensive) products relating to genital œdipus traumata?' The reviewer feels that questions of this kind can not be decided by voting but by research only.

Glover warns against some analysts' 'perfectionism', meaning the assumption on the part of an analyst that only his own method is correct and that all other methods are wrong. The reviewer fears

that he would be subject to such a criticism. He attempted in his *Problems Of Psychoanalytic Technique*¹ to demonstrate that the dynamic understanding of the neuroses really prescribes how certain technical problems have to be solved and that solutions outside this frame would be wrong. For this reason he would have liked to have seen more theoretical discussions in this 'investigation'.

The first questionnaire was sent to the members of the British Psychoanalytic Society in July 1932 and the last answers were worked through in 1938. By chapter headings, the questions concern:

1. Interpretation

The first questions are very general, as for example: 'Do you prefer (1) short, compact interpretation, or (2) longer, explanatory interpretation, or (3) summing-up type (a) trying to convince by tracing development of the theme, (b) proving (or amplifying) by external illustration'. And: 'What is the favorite point of interpretation? (1) Early in session, (2) middle or before end (allowing a space for elaboration), or (3) at end: "summing-up" fashion'. One would expect all analysts to answer that a 'short compact interpretation' would be the method of choice, but that very often long explanations are necessary, because of the complicated nature of the facts to be interpreted. But no: 'A majority of the analysts prefer short, compact, *ad hoc* interpretations . . . but a substantial minority stated the preference for longer explanatory interpretations. . . .' The reviewer thinks that this shows how often questions and answers are put much too generally to be of value. Whether an interpretation is given at the beginning or at the end of the session, in a short way or in an explanatory way, depends more on the dynamic-economic situation of the patient's mind at the time than on the analyst's preference. Some analysts 'who give long explanations nevertheless report that they do not talk much. This . . . must be due to the fact that long explanations need not and cannot be given as frequently as short ones. A few replies went to the other extreme. They favored frequent short interpretations every session, the maximum reported being ten per session.' The reviewer must admit that he cannot make much use of generalizations of this kind. There are sessions in which he doesn't talk at all, but there are certainly sessions in which he

¹ This QUARTERLY, VII and VIII, 1938 and 1939.

cannot imagine how he could limit himself to 'ten short interpretations'; and when Glover, in his commentary, adds 'no doubt, many of these differences are due to variations in the clinical type of case, in the nature or manifestations of anxiety, in the nature or exhibition of transferences', he is clearly begging the questionnaire.

Questions as to whether 'superficial' or 'deep' interpretations are preferable seem to be just as senseless. The analyst has to know or to feel what degree of depth is necessary. It seems therefore amazing that only one third of the questioned analysts reported that they have 'no standard level of interpretation' and that only two of this group stressed the factor of acceptability, viz., 'take accessible conflicts first and never give an entirely unacceptable interpretation'. In amazement we read that 'one reported the habitual use of deep interpretations early'. The answers to the questions concerning anxiety, especially about interpretation of anxiety versus reassurance against it, tell us nothing that was not clear beforehand: analytic interpretation of anxieties would be the method of choice, but reassurances often are unavoidable. Glover criticizes his own question, whether the repressed or the repressing factor has to be interpreted first: 'the question whether the repressed or the repressing factor should be interpreted first is admittedly old-fashioned, but was intended to bring out views as to the quickest method of resolving conflicts in anxiety.' To the reviewer this question does not seem old-fashioned at all, but one of the few questions which can be answered in a general way: in principle, the repressing forces have to be attacked before the repressed ones. The English analysts mostly do not agree with this. There are also questions which the reviewer has to admit he does not understand at all. For example: 'What practice do you favor, e.g., do you talk about introjected objects or organs, or do you use super-ego nomenclature?' Obviously, whether one talks about introjected objects or organs or about conscience and guilt feelings depends on the nature of the material. Often 'analysis of the conscience' is necessary, that is, it has to be demonstrated to the patient that the conscience is thought of as an 'introjected object'. At another place, a question runs as follows: 'Do you think reconstruction helps or hinders the recovery of memories?' There are situations in which reconstruction helps, and others in which it hinders the recovery of memories. Many

answers concerning the questions about the use of the basic rule could have been simplified if the respondents had read Ferenczi's excellent little paper, *Misuse of the Basic Rule*.

II. Transference

Among the questions and answers concerning transference, there is a great deal of interesting material, and there is a certain division of opinion even on very general and basic questions. In this field too some of the questions are put too generally, as for example: 'Do you read letters, look at photographs, etc., brought for your inspection?' Questions of this kind certainly cannot be answered independently of the special analytic situation. The replies to the questions concerning active technique, Glover himself rightly calls 'not altogether satisfactory', but they show very clearly that 'Ferenczi's active devices are fading out of technique in England'. Concerning 'fee and time', the 'replies bring out the fact that in the matter of fees there is much more general hesitation to apply rules strictly than there is in the case of time arrangements'. In the questions about the importance of the analyst's sex, whether a married couple should be analyzed by the same analyst or not, there remains a considerable division of opinion. All agree that the personal factor plays a rôle. 'Most analysts are ready to admit in private that they are better with some types of case than with others.' How could it be otherwise?

III. Termination

'It is significant that one third of the contributors failed to answer' the question about the criteria for termination. That is very interesting. It shows that the problems about criteria for termination of an analysis still have to be investigated. In this chapter many answers show that the respondent analysts favor Melanie Klein's theories. Concerning the average length of analysis: 'The average of the few figures given is about three and a half years, . . . five years is the maximum mentioned, though it is known that seven years occurred. . . . Another, after years of experience, has never yet analyzed a case to a finish, but hopes to do so some day.'

IV. Psychotic Cases

The answers here are inconclusive, since the analysts differ on the initial point of whether or not they modify their technique in psychotic cases.

V. Relations of Theory to Practice

Mention has already been made of this chapter.

Three appendices are added. The first brings a reprint of the original and the additional questionnaires, the second a summary of the points on which there is complete agreement as compared with those points on which there is a marked division of opinion, and the third appendix reports on discussions on technical matters which took place in the British Psychoanalytic Society in the years between the beginning of the questionnaire and the publication of the book.

OTTO FENICHEL (LOS ANGELES)

PSYCHOANALYTICAL METHOD AND THE DOCTRINE OF FREUD. By Roland Dalbiez. New York, London and Toronto: Longmans, Green & Co., 1941. Vol. I (Exposition), 415 pp. Vol. II (Discussion), 327 pp.

'I believe that the metaphysical system which would most logically extend the results which Freud has reached would, on the whole, be the Aristotelian.' (II, p. 46.)

The original French edition of which these volumes are a translation was reviewed in *This QUARTERLY* in 1938.¹

Roland Dalbiez is not a physician. He is a philosopher. He is moreover a neo-Thomist and a practicing psychoanalyst.

It is Monsieur Dalbiez's hope that he has 'succeeded . . . in completely withholding [his] personal views in order to present the psychoanalytic method and the doctrines of Freud with an absolute impartiality'.

His prejudices, in fact, spring from two sources: as a philosopher he resents what he considers Freud's intrusion into philosophy; a neo-Thomist, he gags on Freud's 'materialism', his views on religion and morality.

'Psychoanalysis', says Dalbiez, 'leaves the fundamental problems of the human soul where it found them' (II, p. 325). Psychoanalysis can of course have no truck with the 'soul' which is a creation of the priest and the philosopher. But this is the point at which the psychoanalyst and the neo-Thomist in Dalbiez will not mix, and acute tergiversation sets in.

'Orthodox psychoanalysts are compelled to submit their will

¹ Vol. VII, No. 4, p. 556.

and reason to as stern a discipline as any members of a Religious Order' (B. Strauss: *General Introduction*. I, p. V).

As everyone knows, neo-Thomism is a philosophical eupheism for Roman Catholicism. The philosophy of St. Thomas Aquinas (avowedly Aristotelian) is the official philosophy of the Catholic Church. When Dalbiez complains that Freud does not make clear distinction between his *method* and his *doctrine*, he is paraphrasing St. Thomas's distinctions between *act* and *potency*, and *essence* and *existence*.

'The will is the most ill-treated psychic faculty in Freud's work. He seems determined to refuse to distinguish between spiritual experiences and emotions proper, and categorically to deny the existence of free choices. Here our ways lie apart.' (II, p. 50.)

Dalbiez is indeed a member of a religious order which, moreover, is given a Hobson's choice about free will. Unable neatly to dispose Inquisitionally of heresies like psychological determinism, it takes over and hacks psychoanalysis into conformity with the '*Æterni Patris*', let the chips fall where they may.

'In the first place', pontificates the author, 'the Viennese psychiatrist [Freud to you], who considers that his system is an indestructible whole, makes no clear distinction between his *method* and his *doctrine*. . . . In the second place, Freud is incapable of presenting his thought in convincing form. . . . With few exceptions, the Freudians slavishly copy Freud'. Dalbiez makes it elaborately clear that he is not a freudian.

Now watch closely and see how Monsieur Dalbiez clears things up: Freud '. . . always uses the expression "anal erotism" which involves his whole theoretic construction. . . . Hence Freud does not use the expression "abnormal hedonicity" of the anal region, which I have used because it is simply descriptive and involves no specific theory' (I, p. 144).

'Our intention, throughout both volumes, has been to work neither for nor against psychoanalysis' (II, p. VI).

Thus does a philosopher state his ambivalence and prepare his psychoanalytic reader for an 'impartial' estimation of freudian sexology.

'In his sexology . . . Freud undertakes to reduce order to disorder, the essential to the accidental, the normal to the abnormal. We are therefore entitled to charge him, not only with a serious philosophical remissness, but with a definite disloyalty to the

intuition upon which his whole work is based' (II, p. 228). [And, we might add, with blasphemy against the Holy Ghost.]

Dalbiez makes in this connection another of his incandescent clarifications:

'In stating our conception of the conditioning of the sexopathies by infantile sexuality, we have already pointed out what we consider to be the flaw impairing the whole doctrinal edifice of freudian sexology. Freud has not contrived to make the philosophical distinction between the accidental and the essential link. Hence his assertion of the polymorphous perversion of childhood for which we must substitute that of its polymorphous pervertibility' (II, p. 227).

In contrast to the abstruse amateur animadversions against psychoanalysis of our favorite neo-Thomistic philosopher, Mortimer J. Adler,² the Sage of Chicago, Roland Dalbiez is a specious and meretricious borer from within.³ Psychoanalysis requires continuous critical revision and clarification. Unfortunately, too many critics of psychoanalysis are like M. Dalbiez, openly or subtly, trying to use it to promote some irrelevant party line.

It is recommended nevertheless that all serious students of psychoanalysis read these volumes. Psychoanalysts should learn to recognize the neo-Thomist 'front' which is by no means confined to Roland Dalbiez or to France; besides, there are portions of the books in which the author, not called upon to defend the Faith, is more scholarly than scholastic and the analyst-reader will on the whole be rewarded by a certain sharpening of his psychoanalytic wits.

R. G.

MYTHOLOGY OF THE SOUL. A RESEARCH INTO THE UNCONSCIOUS FROM SCHIZOPHRENIC DREAMS AND DRAWINGS. By H. G. Baynes.

Baltimore: The Williams & Wilkins Company, 1940. 939 pp.

This extensive and interesting book is without doubt the most lucid and intelligible presentation of the Jungian psychiatry yet to appear in print. The painstaking thoroughness and erudition of the author are admirable and enviable, and, if one grants the central point of view, the work is an important contribution to the problem of schizophrenia. Indeed, even without this fundamental

² This *QUARTERLY*, VII, 1938, p. 380.

³ Cf. Zilboorg, Gregory: This *QUARTERLY*, XI, 1942, pp. 7, ff.

agreement, the clinical material presented and the frequent illuminating insights considered quite apart from the central thesis, would make this work of great scientific value to the psychiatrist.

The book represents a consistent application of the Jungian psychology to the clinical data of two patients, these data consisting of material from interviews concerning mainly the dreams and drawings of the patients. Some fifty or sixty of the latter are reproduced. The psychoanalyst is immediately alienated from sympathy with the author by reason of the dogmatism of his interpretations. There is no working through of material with a view to arriving at interpretations: what free association is done by the patients is utilized merely to confirm an interpretation already firmly fixed in the author's mind. Where the associations do not clearly give this confirmation, they are ignored or the dissidence is explained away in some manner. The author is so convinced of the fundamental truth of his central thesis that he finds no need to retest or to verify it.

The central thesis stems from Jung's formulation of a racial unconscious, a hypothesis which has also proved fascinating to Freud (cf. his *Moses and Monotheism* among other works). Mr. Baynes visualizes the individual unconscious as containing material largely of an antisocial or asocial nature inherited from primitive ancestral sources and having no derivative relation to the individual's own experience. This material exists in a state of dissociation from the remainder of the individual's psyche and constitutes what he terms 'the renegade hypothesis'. The renegade hypothesis has a power of its own, external to the individual's own psychic energies, and may in certain circumstances break out of its dissociated state and gain complete control over the individual psyche, resulting in schizophrenia. It will be noted how closely this formulation resembles the mediæval psychiatric theory of demonic possession.

It would seem that the renegade hypothesis corresponds in part to the freudian id, or at least to that part of it which functions through impulses arising from instinctual sources. However, in the production of schizophrenia, the id would not be regarded as having a power of its own apart from the individual's own psychic energies; it would never be conceived as external to the remainder of the psyche. The psychoanalytic theory of schizophrenia would rather conceive of a reallocation, a reapportionment of the psychic energies which had always belonged to the whole organism. The

essential difference consists in the fact that the id, or at least that part of it with which we are here concerned, is of a biological nature and is rather a mode of functioning than a psychic content.

If this difference in viewpoint is grasped, then it is easy to see why Mr. Baynes is so often led to psychologize or, indeed, to spiritualize biology. In connection with a dream of one of his patients, Mr. Baynes, with characteristic erudition, adduces anthropological material consisting of the dream of a young Siberian who later became a *shaman*. A part of the dream consists in his taking as a wife the *ayami* or soul of his ancestors. The author remarks, 'Sternberg [the Russian anthropologist reporting the material] sees in this account nothing but an example of sexual selection, albeit the sexual motive is purely incidental to the patent purpose of the whole experience'. This purpose, according to Mr. Baynes, is 'committing oneself unreservedly to the destiny personified by the spirit'. He goes on to administer this rebuke: 'Anthropologists are not free to uproot this principle from its purposive biological connection [*sic*], making use of it as a psychological explanation, without taking its purposive function into account'. The psychoanalyst, who is scarcely accustomed to think of committing oneself to a spiritual destiny as a biological function, wonders why a sexual selection needs to be motivated by a purpose not implied in the biological mechanism of sex. He suspects that the biologist would find this 'biology' equally strange and would at once accuse Mr. Baynes of making a highly gratuitous assumption when he requires instinctual behavior to play a rôle outside of its own natural setting.

In spite of all these really fundamental difficulties, the psychiatrist as well as the psychoanalyst will find much reward for reading this very long book. It is always interesting, frequently provocative and illuminating, and one has throughout the impression of being in contact with an intelligent, honest, inquiring personality. The work contains a useful index.

WILLIAM V. SILVERBERG (NEW YORK)

PSEUDOCYESIS. By George Davis Bivin, Ph.D. and M. Pauline Klinger, M.A. Bloomington, Indiana: The Principia Press, Inc., 1937. 265 pp.

George Davis Bivin, M.A. and Ph.D., in abnormal psychology, became interested in the subject of pseudocyesis after personal contact with several cases. With the aid of assistants, he began

an exhaustive study of the literature on this subject since the time of Hippocrates. Cognizant of the fact that he would not be able to complete the book himself, he designated his assistant, M. Pauline Klinger, M.A., to continue with the work after his death in 1934. At that time the name of the Medical-Psychology Research Institute, Inc., of which Dr. Bivin had been the founder and president, was changed to the George Davis Bivin Foundation, Inc., which then published this volume in 1937.

The book summarizes the case histories published between 1746 and 1936 of four hundred forty-four women in twenty countries. Of this group, three hundred seven were married, and of the two hundred eighty-four living with their first husbands, one hundred thirty-two had already had children before their phantom pregnancies. Of the remaining one hundred fifty-two, eighty were definitely reported as childless. Pseudocyesis was found to be relatively frequent at the beginning of second marriages. The condition was also reported in fifty-four single women and eight widows. There were eighteen cases of multiple pseudopregnancies.

A comprehensive table at the beginning of the book gives an excellent bird's eye view of the available anamnestic data in each case. As the author, date, and country, as well as the symptomatology, given etiology, diagnosis, and treatment, are all included, this table serves as a condensed factual summary of this painstaking research effort.

A detailed discussion of the physical symptomatology follows, documented by further tabulations. All the outward symptoms and signs of pregnancy, including foetal movements, may be simulated in pseudocyesis except for the protuberant umbilicus, which was never observed. Pelvic examinations were reported in only one hundred thirty-eight cases. Thirty-three uteri were considered 'enlarged', but while certain cervical changes were reported, no case showed the typical uterine or cervical signs of pregnancy.

The chapter on diagnosis gives dramatic illustrations of the disappearance of the tumor under anæsthesia and of its reappearance as the patient regains consciousness. Although the majority of cases showed intestines distended with gas, other tumors were found to disappear upon catheterization or purgation. The patients were frequently very obese, and one case which came to postmortem showed enormous masses of fat in the omentum. The diagnosis can of course be definitely established by X ray in the

later months. Little mention is made of the pregnancy tests upon urine but there are no positive reports. Many cases of pseudocyesis were diagnosed as such, but the patients continued in their symptoms until a much later date. However it is of interest that several of these cases were superseded by a real pregnancy.

A resumé of etiological theories is of considerable historical importance as psychological factors for 'wind in the womb' were hinted at or even openly expressed by certain members of the medical profession since the discovery of the condition. As early as 1891, Haultain proved, under anaesthesia, that the abdominal distention was in part due to abnormal contractions of the abdominal musculature (subsequently shown to be diaphragmatic). He concluded that the subsequent diminution of the intra-abdominal pressure then facilitated the flatulent distention of the intestines. Nevertheless he considered these signs secondary to a nervous (mental) condition in connection with the wish for or fear of pregnancy. More recent authors repeatedly emphasized the emotional factors, although various endocrinological explanations have also been put forward.

When Dr. Bivin began his studies of pseudocyesis he had very little doubt that the condition was of functional origin and that the mechanism was that of conversion hysteria. That he subsequently also began to consider organic factors as a determinant is indicated by the following statement made by Klinger in the preface: 'Just prior to his death, however, he was working on the hypothesis that pseudopregnancy, a normal state in the menstrual cycle, becomes pseudocyesis, an abnormal state, because the hormones which regulate this phenomena are thrown out of balance by physical or emotional changes or a combination of these two factors. We have no way of knowing what theories he would have developed or what his conclusions would have been if he had lived to put the following material together so as to see it as a whole. With the thought constantly before me that he would not have presented any theory unless it had a sound scientific basis, it seemed wise not to present in this work the tentative ideas he had regarding pseudocyesis.' In Appendix A of this volume, Dr. Bivin shows a marked interest in the pseudocyeses so frequently seen in mammals and points to a need for further study of this condition.

For the psychiatrist or the psychoanalyst the case material is not sufficiently detailed to be of interest from the point of view of

psychodynamics. Many challenging problems in psychosomatics present themselves to the reader, but no conclusions can be drawn from the clinical data. Pseudocyesis is a very thorough piece of research work, compiled chiefly from the literature, and may therefore be recommended primarily as an objective collection of case material from which it is possible to draw statistical conclusions.

BETTINA WARBURG (NEW YORK)

BEYOND THE CLINICAL FRONTIERS. By Edward A. Strecker, M.D.

New York: W. W. Norton and Company, Inc., 1940. 210 pp.

This book is comprised of the Thomas W. Salmon Memorial Lectures given by the author. 'If Salmon were alive today, he would be busily engaged in mobilizing psychiatric resources into a plan designed to repair some of the wounds which have been inflicted upon a confused and disorganized society. . . . He would not think of the problems that are harassing our civilization in terms of formalized and rigid psychiatric concepts. He would realize at once that the economic, political, social, cultural, and ethical upheavals perplexing a sorely tried and tired world are placed beyond the frontiers of clinical psychiatry. Nevertheless, he would observe and comment upon the striking resemblances between everyday individual and mass behavior and the common phenomena of psychotic and psychoneurotic disorders. And he would strive, unceasingly, to make some helpful social applications of psychiatry and mental hygiene.' This is the aim of the book and the spirit in which it is written. In the first part, the emphasis falls chiefly upon the element of reality evasion which is seen in the neuroses and psychoses and which the author points out in everyday life as well. The book does not fully develop, however, just what realities most generally significant for human suffering are evaded. The phenomenon of the 'crowd man', is then described, especially in regard to release of instinct, particularly aggression, and the decrease of reason and control when the individual becomes influenced by the crowd. The treatment is descriptive for the most part. The author deplores the rise of crowd psychology but the reasons for this rise are not intensively discussed. Then follows a full discussion of mental hygiene, its need and feasibility. The author's hope and expectation is that with time mental hygiene will become as effective as physical hygiene now is, and he draws an interesting and encouraging parallel between the two. He stresses the importance for any mental hygiene of emotional honesty

and of childhood training. The book is semi-popular in appeal and will be stimulating and instructive to laymen as well as to students. The connections between phenomena seen in the neuroses and psychoses and those observable in everyday life are made phenomenologically rather than dynamically and the subjects are dealt with in the broad manner of a survey. Hence for the analyst whose training involves the perception of the emotional life whether in neurosis, psychosis, everyday life, or special sociological phenomena, the book will be of interest less as a new contribution to the field than as a survey by an experienced, informed and cultured psychiatrist.

The author acknowledges the contribution of psychoanalysis and endeavors to place it in proper perspective. The evaluation suffers however from not making clear the distinction between the facts revealed by analysis and the theories developed to explain them, nor between that part of the theory which has been thoroughly tested and well substantiated and that which is and has been frankly speculative: for example, Freud's theory of the primal horde.

The book reveals a certain mellowness of tone, and is written in a style which is learned and scholarly and reflects wide reading. The attitudes are tolerant and the book is enlivened with apt quotations from many sources. It is probably a sign of the infiltration into general knowledge of psychiatric principles, just as medical knowledge has gradually disseminated and consequently affected public health. The book helps demonstrate that mental patients are not mysterious or crazy (i.e., unintelligible) but are individuals who have one form of difficulty, just as other people have other forms. Indeed, the author points out that there is more need in the world today for mental hygiene outside of mental hospitals than in them, citing the fact that there is far less violence and misbehavior in mental hospitals or among the psychotics of Gheel than in the world at large.

One welcomes this reflection of the modern dynamic approach as opposed to the old hard and fast idea of mental disease entities which represented human beings as simply sick or well rather than as functioning organisms whose psychoses, neuroses, and social behavior are in large part intelligible in terms of the basic principles of the emotional life. Although some authors fear that increasing psychological knowledge is only another instrument of oppression for the hands of tyrants, the more optimistically inclined

hope that increasing knowledge of the motivations of man's inhumanity to man will eventually point the way to a diminution of human violence and to a stable peace.

LEON J. SAUL (CHICAGO)

COMPENDIUM OF REGIONAL DIAGNOSIS IN LESIONS OF THE BRAIN AND SPINAL CORD: A CONCISE INTRODUCTION TO THE PRINCIPLES OF LOCALIZATION OF DISEASES AND INJURIES OF THE NERVOUS SYSTEM. By Robert Bing. Translated and edited by Webb Haymaker. Eleventh Edition. St. Louis: The C. V. Mosby Company, 1940. 292 pp.

This is the eleventh edition of Robert Bing's book on regional diagnosis in lesions of the brain and spinal cord. It is a compendium which appeared in its first edition in 1909 and in recognition of its excellence it has in its succeeding editions been made more accessible to the English speaking students through very able translations. This edition is by a new translator, Dr. Webb Haymaker, who has further enhanced its value by additional developments of several of the subjects, particularly the section on the anatomy and function of the bladder as well as the localization of spinal and cerebral lesions by X rays. The present volume contains 275 pages as contrasted with the original 200, and a corresponding increase in illustrations.

The Compendium of Regional Diagnosis has for many years been not only a standard introductory text in this country but is of great value as a reference guide. It is clearly and accurately written and can be recommended to physicians as well as to students.

CURTIS T. PROUT (ARLINGTON HEIGHTS, MASS.)

RECENT ADVANCES IN NEUROLOGY. By W. Russell Brain, D.M., F.R.C.P. Fourth Edition. Philadelphia: P. Blakiston Sons & Company, 1940. 364 pp.

This is the fourth edition of a work authored in the first three editions by Dr. Eric Strauss in collaboration with Dr. W. Russell Brain. The first of the series appeared in 1929 and the succeeding three revisions have kept it thoroughly modernized.

The present publication edited by Dr. W. Russell Brain reveals the subject matter to be largely rewritten. Much new material representing the most recent progress in the field of neurology is

incorporated for the first time which, of course, constitutes the value of a work of this type.

New subjects discussed for the first time include a review of the research on the two aspects of frontal lobe function, the vitamin deficiencies in relation to nervous disorders, and a chapter on electroencephalography. The reports of studies on the use of prostigmin in myasthenia gravis, and on the chemistry of the muscular dystrophies and muscular disorders associated with thyroid disease are reviewed. An analysis is made of the present views in relation to the use of sulphanilamide in the treatment of meningitis, and there is also an interesting review of the recent advances in the understanding of the pathogenesis and treatment of headache.

As a reference book this work is an excellent addition to the library, as have been its predecessors. It is a concise and very readable review of the recent advances in the field of neurology.

CURTIS T. PROUT (ARLINGTON HEIGHTS, MASS.)

RECENT ADVANCES IN MEDICAL SCIENCE. By Sir Edward Mellanby. Cambridge: The University Press; New York: The Macmillan Co., 1939. 62 pp.

Delivered originally as the Rede lecture before the University of Cambridge, this treatise aims to indicate the social and economic implications of recent advances in medical science. It opens on a note of optimism, familiar to the idealist, in contrasting the living values inherent in medical research with the destructive aims of military aggression.

Tracing briefly the changing course of scientific emphasis he justifies his optimism with the conclusion that all observable biological phenomena can now be expected to find their interpretation in terms of chemistry.

A brief review of the outstanding advances and discoveries in medical science as illustrated by changing vital statistics is climaxed with the observation that the decrease in death rate in early life is balanced by an increased incidence in the fatal diseases of later life, notably heart disease and cancer. The author suggests that 'some harmful cause of heart disease, and especially of coronary occlusion, probably some mistake in mode of living, has recently appeared in our midst or become accentuated'.

Though concluding that 'the dominant factor in deciding health legislation has often a political, rather than a scientific basis', he

emphasizes the fact that any state scheme affecting health can only be as effective as medical knowledge at that time allows it to be. By way of illustration he alludes to the new chemotherapy of gonorrhœa and puerperal sepsis. He expresses a confident optimism that another advance in knowledge will reveal the cause and methods of prevention of the toxemias of pregnancy. He closes this section by pointing out the rôle that popular pressure may play in dictating priority in schemes for the promotion of better health, and launches an appeal for the securing of the best brains available and of adequate research facilities when such projects are launched.

In a section entitled *Health, Fertility, and Populations*, he comes back to a consideration of the problems of a falling birth rate and of the early appearance of degenerative changes in the tissues. He admits that medical science has probably shot its bolt in so far as its beneficial effect on population is concerned, unless it proves able to extend the fertility period in women.

Late in the text he notes the increasing importance of mental disorder and the increased cost of the mental defectives to the community since medical science has found ways of keeping them healthier. He uses this particular type of mental disorder as a means of emphasizing the need for further research in this field. His very rich text ends with a reaffirmation of his faith in medical research and a prayer for more wisdom in the utilization of its revelations.

JOHN A. F. MILLET (NEW YORK)

ESCAPE FROM FREEDOM. By Erich Fromm. New York and Toronto: Farrar and Rinehart, Inc. 1941. 305 pp.

Having discovered the unconscious for science and having developed a method for studying it, Freud saw that this knowledge of the emotional life was a key to various scientific fields and problems in which human motivation was an important element. In addition to the vast work accomplished by him in his own field of clinical personality investigation, he found time to point the way to applications of this new knowledge to many other fields—wit and humor, religion, anthropology, and sociology, among others.

Among the pioneers in the applications to sociology of psychoanalysis was Erich Fromm. In his *Transformation of the Christ Dogma* he made a valuable methodological contribution. Essentially, he applied Freud's method of understanding individual

reactions to the reactions of whole sections of the population as units, showing that the idea of a man become God sprang from the spirit of rebellion against oppression just before the Christian Era, and that after Christianity permeated the Roman Empire, and the church was established, the ideology was changed to the concept of a God who became a man. One, therefore, looked with especial anticipation to Fromm's new book, *Escape from Freedom*.

In this book Fromm uses the same methodology to show how the pressure of social conditions affects the ideology and 'social character' of individuals. He believes that man has only begun to emerge as an individual but does not yet know what to do with his new freedom. Prior to the Reformation, the lower middle class, although fixed in the feudal system and not enjoying a high degree of freedom, nevertheless enjoyed considerable security; for example, the member of a guild felt that he belonged to the guild. Supplies of raw materials were controlled by the guild and equitably distributed so that the member knew his place in society and was reasonably secure economically. With the advent of capitalism and free enterprise, the lower middle class was pinched between the wealthy new capitalists and the proletariat. They refused to identify with the proletariat and at the same time envied the very wealthy, and were forced to intense competitiveness with each other. Out of this state of affairs grew a character structure exemplified by Luther and Calvin, an essentially compulsive character make-up with much latent hostility and overemphasis on thrift, ambition, and compulsion to work.

Similarly, the pressure of social conditions in postwar Germany put stress on the lower middle class and led to Nazism as a solution. Unable to tolerate freedom under such social conditions, Nazism provided a means of dependence and submission to a larger organization and at the same time an opportunity for domination of, and cruelty to, others. This, says the author, is not a genuine solution, but comparable to a neurotic symptom; for it rests upon the surrender of freedom and independence, and results in a sado-masochistic character.

In America, according to Fromm, the solution to this same problem is reached through 'automatization': the individual is insignificant in comparison with huge skyscrapers, great monopoly organizations, etc. '... In spite of a veneer of optimism and initiative, modern man is overcome by a profound feeling of power-

lessness which makes him gaze toward approaching catastrophes as though he were paralyzed. . . . He escapes, says the author, from his insignificance and desperation into automatic conformity, losing his identity in automatic responses which he does not even realize are not his own. The solution, says Fromm, is 'positive freedom'. Freed from oppression man must be freed for something. This something is ' . . . the realization of the self accomplished not only by an act of thinking but also by the realization of man's total personality, by the active expression of his emotional and intellectual potentialities. These potentialities are present in everybody; they become real only to the extent to which they are expressed. In other words, positive freedom consists in the spontaneous activity of the total integrated personality.

'We approach here one of the most difficult problems of psychology: the problem of spontaneity. An attempt to discuss this problem adequately would require another volume. . . .'

As will be seen, the book contains a genuine contribution. Yet it is disappointing. As to content, one cannot help wondering whether the author's description of modern man, although perhaps applicable to a type of urban dweller common in New York City, is really representative of other sections and segments of the country. His suggested solution, in which he describes 'positive freedom,' is unconvincing, but this is not a major fault since the book is primarily analytic. What is more important than such details is the fact that the presentation is blurred and the value of the book impaired because the author attempts to do two things at once. He applies psychoanalytic knowledge to a sociological problem. This is interesting and significant. Had he been content with this, the book would have been much clearer and more effective. But mixed with this procedure is a running attempt to revise psychoanalysis by repeatedly setting up Freud as a straw man to be knocked down. Freud appears as a rather poor theorist, and his essential contribution—empirical observation of the emotional life through a technical scientific method—is not stressed. The result is a false impression of Freud and psychoanalysis which can only mislead and confuse the nonpsychoanalytic reader. His revision is attempted in two ways: one, through legitimate applications of the sociopsychological conclusions; the other, by rather dogmatic statements of the author's own views supported chiefly by Horney. Such views would be more appropriate and effective if they

appeared in the psychoanalytic scientific literature, substantiated by adequate clinical evidence. Some of them reflect recent advances in psychoanalysis, for example, the dynamic rather than the anatomic concepts of the erogenous zones. Others are strained and unproven, such as the statement that the essence of masochism is dependence. Still others are partially true but miss an essential point, such as the description of the œdipus complex entirely in terms of dependence without consideration of how much sexualized this can be, and what anxiety this sexual element can cause, and without mention of the rivalry, narcissistic and otherwise, with the parents. The author apparently does not fully appreciate his debt to Freud and to other workers in psychoanalysis, although he even uses for his exposition identical anecdotes that Freud used, e.g., the broken kettle, and education as being like equipping for the tropics people going to the arctic.

All this will not enhance the analytic or the general scientifically trained reader's confidence in a book which would otherwise have been a more valuable contribution both to psychoanalysis and sociology.

LEON J. SAUL (CHICAGO)

THE PLANS OF MEN. By Leonard W. Doob. Published for the Institute of Human Relations by the Yale University Press, New Haven, 1940. 411 pp.

That socioeconomic planning will increase rather than diminish during the next decades is a fact accepted today even by those business men (according to the *Fortune* poll), who have traditionally always opposed it. The questions which arise regarding planning are no longer concerned with its advantages and disadvantages but rather with 'How much planning should be undertaken?' 'In what spheres?' 'Who is to do the planning?' and the like. There is now a large literature on the subject (most of which is reviewed in this book) by biologists, economists, sociologists, and political scientists. Doob's book is the first of consequence to be written by a social psychologist who has also a wide knowledge of the cognate fields and therefore is an invaluable addition to the literature. It should be obvious that planning is limited by matters political, economic, and sociologic but it should also be obvious that the success of any plan for change depends on changing men's

attitudes towards the present and this is the particular field of the social psychologist.

The book is well planned. Part I is concerned with the nature of planning and the type of information prerequisite to it (knowledge of the men for whom it is planned, of the economic, social, political nature of their environment, of the aims of planning). Part II discusses in a general fashion our present scientific conceptions of biology, sociology, political science, economics, social psychology and theory of value as they are pertinent to the problem. In other words it summarizes the limitations imposed on and possibilities promised for planning by all of these sciences. Part III deals with the possibilities of individual, social, economic, political and regional planning in the United States. Part IV is concerned with some perplexing actual problems. The general practical conclusion of the book is that 'in the United States some social, economic, political and regional planning seems desirable, whereas master planning (i.e., complete collectivist planning) appears undesirable. The thesis is that there can be no anarchy in America and that there should not be complete collectivism.'

We remember that this book was published early in 1940 and so was probably written largely before 1939 and for this reason we withhold certain sharp criticisms which could be made in 1942. Actually today we are in a planned economy much more advanced than the author (or the reviewer) could have foreseen, and nobody knows when we will get out of it or even if getting out of it is possible or desirable.

If one overlooks the fact that this book is of necessity already quite dated, the reviewer can recommend it almost without reservation. Doob has studied the literature, his psychological position is modern, he is able to integrate material from widely separated fields and he writes well. The reviewer has only one major criticism to make. Doob would have written a much more valuable book if he had emphasized scientific principles more and the present American scene less. In the basic sciences of psychology and sociology there are definite limiting principles (such as the biological principles of inequality, unconscious psychological motivation, the organic nature of all social groups) which imply in a more stringent manner than Doob is able, the necessity for and the limitations in social planning. Had he actually come to grips

with these basic principles he would have been able to have written a more convincing analysis of present day American problems than he has done by accepting New Dealism plus Regionalism as a social philosophy.

J. F. BROWN (LAWRENCE, KANSAS)

GENERAL PSYCHOLOGY. By Raymond B. Cattell. Cambridge, Mass.: Sci-Art Publishers, 1941. 624 pp.

This recent text in general psychology stands between the traditional treatments of the early twentieth century and the innovations of more recent years. The order of topics from motivation to perception is modern, as is the chief emphasis on topics which have been shown to have student interest. Most of the old topics however appear in the interest of comprehensiveness. Furthermore undue space is given to a not very modern treatment of neurology. Although the general position is broadly eclectic, there is some bias toward the works of British psychologists like McDougall and Spearman. Psychoanalysis gets a more accurate presentation and a more sympathetic criticism than is customary in books of this nature.

J. F. BROWN (LAWRENCE, KANSAS)

COMPARATIVE PSYCHOLOGY OF MENTAL DEVELOPMENT. By Heinz Werner. New York: Harper and Brothers, 1940. 510 pp.

Up to a very few years ago even psychologists and psychiatrists considered the mind of primitive man to be that of civilized man but untutored, the mind of the child to be that of the adult but weak and undeveloped, the mind of the psychotic to be that of the normal but with certain parts (perception or intellection) not clicking properly. Gradually in the last fifty years (with increasing rapidity in the last twenty-five) has come the realization that the minds of the primitive, the child and the psychotic differ from ours structurally and that all of them show certain structural similarities. Even today however the nature of these similarities or parallels are not completely understood, and even psychologists often fall into the error of directly equating primitive mental mechanisms to the mental mechanisms of the child or of taking literally the description of psychosis as 'a regression to childhood'.

Werner's book brings order into this field and that is perhaps the chief of its many virtues. After a meticulous and exhaustive

introductory section in which he shows the inadequacies of the mechanistic psychologies and adopts the organic position, he sets up differentiating criteria for the stages of genetic development. He then reviews critically the immense and sometimes unrelated literature from the fields of anthropology, child psychology, psychopathology, animal and experimental psychology bearing on the structure of minds which vary from ours. His attack is systematic. He discusses in order work on the perception, imagery, action and thought of primitives, children, and psychotics and is thus able to show the similarities as well as the differences between them. From place to place where they are pertinent findings from comparative neurology and animal psychology are introduced but the chief theme remains the comparative psychology of the primitive, the child, the psychotic.

In one sense the title is somewhat misleading as the book deals in only a very secondary fashion with 'development' proper. The writing is concerned with factual findings—at times all too much concerned with the piling up of abstracts of the literature—and little theory or interpretation is given. There is no discussion of how the primitive child mind develops into the civilized adult mind (the freudian developmental psychology is completely neglected), of why the primitive mind of the savage remains primitive, of how the adult mind disintegrates into the psychotic mind, which the title might lead us to expect. The piling up of factual data makes hard reading indeed and this work will probably be more used for reference than for straight reading, except in college courses as a text.

Despite these criticisms, the gathering of this material was a big task in itself and worth while. Besides the quite definite and primary implications for child, primitive, and abnormal psychology, these facts have important secondary implications for epistemology (they suggest a pluralistic universe), for theory of science (they give us clues on the origin of most of the concepts of physics), for developmental psychology (they are the descriptions of starting and end points) and for experimental psychopathology (they suggest much research, particularly in the field of projective testing).

This English translation is the third edition of this work which was previously well known in German. The book has been reedited and brought up-to-date. The bibliography of seven hundred fifty-one titles is well chosen and has many recent references.

There is a good index of subject matter but unfortunately, since the detailed findings of so many individuals are abstracted, it is without an author index. The translation has no great literary merit but it reads smoothly and is practically free from the direct translation of German idiom. Anyone who has ever attempted translation of technical German works will know that this is quite an accomplishment in itself.

J. F. BROWN (LAWRENCE, KANSAS)

THE X OF PSYCHOLOGY. AN ESSAY ON THE PROBLEM OF THE SCIENCE OF MIND. By Philip Mason. Cambridge: Harvard University Press, 1940. 216 pp.

This book, a work not in but on psychology (as the author points out), tries to determine the proper problem and appropriate method of psychology. Mason seeks 'a further development beyond Kant's critical philosophy' and develops what he calls a fuller definition of mind, the 'X in psychology'. He feels, that gestalt psychology comes nearest to his own 'awareness-unity' or 'ego-content' theory, although this does not mean that gestalt psychology 'is by any means an adequate psychology' (p. IX). He professes to be stimulated mostly by the Marburg School of Cohen and Natorp and its interpretation of Kant.

Mason develops a concept of 'a system of truth' which is subdivided into several subsystems of truth which has an objective character. I would say that he tries to define what we are used to call reality in terms of 'truth'. Only secondarily truth is massed and grouped within the confines of consciousness, thus becoming the content of mind. The process of truth becoming content of mind is limited by the limitations of 'span, change, division and plurality of centres'. Truth is considered as a developing structure, moving along from stage to stage, a movement which Mason understands as a dynamic second dimension of truth which he identifies as knowledge. The X of psychology, Mind, is defined as the awareness unity of limited truth as content.

Mason's outline of mind, his skeleton of mind's content, has four phases which might be referred to, roughly, as thinking, willing, knowing and an 'irreducible' element which comprises desire, feeling and emotion. One can read between the lines how he regrets the irreducibility of those subjective factors. He calls those factors 'material factors'. For a philosopher whose concept of mind comes near to the concept of 'logos' this is almost a contemptuous

attitude towards those subjective factors. Consistently he seems not to have a high opinion of the pleasure principle as a basis of conation: 'Though pleasure may add to the value of ends, it is not central to them, nor is it fitted to give them order or organization. Pleasure would then not seem to offer a basis for a moral principle.' Mason writes of desire, feeling and sensation: 'they offer material for a special study even if the result of that study yields little more than a classification of these material elements' (p. 203).

He has not heard that such a study was the epoch-making discovery of Freud which led to some important psychological insights. For Mason psychology does not seem to have anything to do with psychological facts. His concept of mind as consciousness seems to us like an echo of a bygone era, passed peacefully away years ago. His treatment of a subjective experience as an objective relationship can be challenged even by Kantian epistemologists. Truth is for him a sort of superobjective reality, and mind a superindividual consciousness. The whole thing is a maze of illegitimate abstractions, not only from a true psychological point of view, but also from an epistemological and factual scientific viewpoint.

Believing that the style of an author betrays his mind I should like to quote the following sentences in which he formulates the purpose of this book: 'Stated more briefly, the problem as to the nature of psychology is the problem as to what the true problem of psychology is. It is the problem of the problem of psychology. And the problem of the problem of psychology is a problem of knowledge, a problem to be solved by reference to the structure of truth.' (p. 5)

Mason suspects that his book 'will probably not satisfy many psychologists'. He has something there, although it is an understatement.

CARL M. HEROLD (NEW YORK)

SOCIAL AND BIOLOGICAL ASPECTS OF MENTAL DISEASE. By Benjamin Malzberg, Ph.D. Utica, New York: State Hospital Press, 1940. 360 pp.

Dr. Malzberg's book offers an interesting compilation and critical analysis of the statistics of mental disease based upon the records of admissions to the New York state hospitals. To prevent erroneous conclusions, the author carefully uses only records of first admissions per 100,000 general population.

While the physical health of the public has improved in the last few decades, there has been an increase of mental disease. 'The ratio of the mentally ill to the total population has been steadily on the increase.' One important exception is the decrease in general paresis. The increase, according to Malzberg's thorough analysis of all arguments to the contrary, is a real one, no statistical artifact. Only a part of this upward trend can be attributed to the aging of the population.

An examination of the relationship between age and mental disease shows that 'the probability of a mental disorder is a direct function of age'.

Enlightening and of particular interest to the psychoanalyst is the comparison of mental disease in urban and rural populations, clearly establishing the greater incidence of mental disease in urban populations. 'There also appears to be, on the whole, a steady progression in the relative incidence of mental disease with increasing size of population.' In rural communities mental patients can be cared for at home more easily than in urban communities, but this explains only a part of the difference. It seems especially significant that 'the urban standardized rate of first admissions with dementia præcox exceeded the rural rate in the ratio of 1.8 to 1.0, being highest in the largest cities of the State'. This conclusion which Malzberg reaches only after thoroughgoing critical analysis of all relative factors is of unusual interest. The phenomenon of the 'big city', until now little investigated and understood in its psychological implications, seems to favor the development of psychoses. The same factors, the effect of which has here been statistically demonstrated, must also have some bearing on the development of neuroses, as well as upon the character structure of the big city dweller.

The married population has a much lower rate of mental disease than the single, widowed, or divorced. Dementia præcox is the most effective disease in preventing marriage.

An interesting analysis of mental disease according to nativity and parentage shows the following: foreign-born have a higher rate of first admissions than natives. Within a generation there is a significant decrease, natives of foreign parentage having a lower rate than foreign-born. This difference can be attributed only to environmental, not racial factors.

The Negro population exceeded the white population especially in regard to dementia præcox.

In a chapter on the influence of economic factors on mental health Malzberg arrives at 'the general impression that it is probable that rates of mental diseases are relatively high in the lower economic groups'. A categorical statement is not yet possible. 'We are concerned with a mingling of diverse factors, some economic, some social, and others of a personal and constitutional nature.'

He devotes one chapter to the insulin treatment of patients with dementia præcox, based upon the histories of 1,039 patients. The results were significantly better than those obtained in the control group, especially if treatment was begun in the very early stages of the disease.

Malzberg concludes that the influence of social and environmental factors on mental disease can be demonstrated. 'Differences between national and subracial groups (in the white population) are almost entirely the result of environmental factors. . . . It is not possible to state at present how racial and social determinants enter into the causation of functional mental diseases among Negroes.'

The book is valuable as a work of reference. In his carefully analyzed statistics it offers material for the formulation of new problems, and it is valuable in the correction of accepted, erroneous concepts.

HENRY LOWENFELD (NEW YORK)

FULCRA OF CONFLICT. A NEW APPROACH TO PERSONALITY MEASUREMENT. By Douglas Spencer. Yonkers, New York: World Book Company, 1939. 306 pp.

In an evaluation of textbook theories of personality adjustment it is easier—much easier—to enumerate the goals which have not been accomplished than to appraise the achievements.

Dr. Spencer presents a hypothesis based upon the conviction gained from intensive study of the responses of test subjects at the high school level that arbitrary scoring keys similar to those used in measuring intelligence are of little value in measuring personality. Briefly stated, the hypothesis is that currently used personality test items have no dependable meaning in the abstract, and that responses to them can be evaluated only on the basis of their personal meaning to the individual subject and that factors in the concrete experience of the individual determine the personal meaning of such responses. Personality conflict is defined as the

degree of discrepancy and incongruity between the individual's report of his own characteristics or behaviors and his report on corresponding items in relation to the fulcrum of conflict; i.e., the discrepancy between his behavior and his ideals regarding such behavior, his mother's ideals, his father's ideals, his mother's behavior, his father's behavior and the behavior of his closest associates.

The bibliography is adequate, the innovations in methodology are justifiable and the conclusions are conventionally stated. In a way, this effort of the author to bridge the gap between enumeration and appraisal by a clean-cut forthright hypothesis is indeed reassuring if not actually convincing. He says knowingly: 'In psychological counseling, as in measurement, behavior in isolation—in the abstract—is a fiction of little value, the paramount significance of behavior being in terms of what it means to each subject in his own concrete experience.'

H. E. CHAMBERLAIN (SACRAMENTO)

LA PSYCHOLOGIE EXPERIMENTALE EN ITALIE, ÉCOLE DE MILAN (Experimental Psychology in Italy, the School of Milan). By A. Manoil. Paris: Librairie Felix Alcan, 1938. 489 pp.

This book gives a historical review of psychological studies made over a period of forty years by P. Gemelli and his pupils at the Catholic University of Milan. The first section deals with the origin and phenomenology of emotions. In the main part of the book Gemelli's experimental contributions to the psychology of perception and language are reported, and a final chapter reviews the application of psychology (selection of pilots and so on).

The method which is followed is a detailed analysis of the functional elements in the process of perception. These are sharply differentiated from the interpreting rôle of the individual, which is described in terms of 'intentionality and goal directed synthetic activity towards perception'. Similarly language and, more particularly speech, here presented as complex psychophysiological activities, were found to be highly dependent on individual, internal as well as external, factors (emotion, sex). Often repeated electro-acoustic recording of vocal expression revealed also that pronunciation is considerably adjusted to the significance which words may have in a certain discourse.

The author pays high tribute to the descriptive laboratory-

experimental approach in psychology which seems persistently to leave out of account all clinical data. He makes us believe that the primary goal of Gemelli's school is to use experimental findings for the development of psychophysiological principles and laws which then are skilfully fitted into a philosophical religious, finalistic system; scholastic dogmatism, in fact. In this frame it is surprising to read considerations which come very close to the pleasure principle and statements such as that every emotion is determined by a fundamental biological complex corresponding to an instinct. Otherwise mention of freudian psychology is carefully avoided and likewise Rorschach's name is missing when 'whole- and detail-observers' are described in the chapter on perception types.

CAREL VAN DER HEIDE (CHICAGO)

SEX AND INTERNAL SECRETIONS. Edited by Edgar Allen. Baltimore: The Williams and Wilkins Company, 1939. 1346 pp.

In 1932 the first edition of this comprehensive work made its appearance. Its thoroughly sound and scholarly contributions favored the printing of a later edition to include revisions and amplifications naturally anticipated in so rapidly a growing field. This second edition, published in 1939, contains new material on the physiology of the pituitary gland, and on the chemistry of androgenic and estrogenic substances, as well as up-to-date views on endocrine interrelationships. This volume has twenty-eight contributors, many of whom are celebrated investigators. The arrangement of the material is in five sections, with about five chapters devoted to each major topic.

This book is thought provoking and well written; it is extremely useful for reference purposes. The serious student of human motivations will easily recognize that physiological and biochemical research of the present day considers problems closely allied to those in his field. The fact that the contents of this book include much data relevant to man will engage the physician's interest. This is a refreshing contrast to many similar symposia, undeniably valuable, but frequently quite removed from any conceivable application to man's problems. These basic studies require correlation with views on psychosexual phenomena derived by psychological techniques. The nature of physioneuroses, anxiety mechanisms, somatic and visceral responses to repression and to incomplete orgasmic discharge are among the problems still in need of urgent

clarification. The rich store of information in *Sex and Internal Secretions* will undoubtedly help pave the way to their solution.

Fortunately American psychiatry has not rigidly confined itself to a scientific program which demands that its valuations come solely from psychological methods, and it is fair to say that the majority of psychiatrists are receptive to advances made in allied research fields. It is, however, a distinct drawback in this book that there is no thoroughgoing statement about the contributions of psychiatry and psychoanalysis to the sex functions of man. The material on the human is occasionally presented in a manner such that the reader may suspect that no precise or significant contributions about man's sexual adaptations are known.

The sexual literature is widely cited but not critically examined. Thus on page 1268 a paragraph devoted to the discussion of castration in connection with sexual abnormalities contains the following sentence: 'Some patients request the operation [i.e., castration] voluntarily and have been known to operate upon themselves'. There is no further qualification of this remark, and the reader is left with the notion that the desire for castration is a sensible wish, as well as a solution to the problem of sexual abnormality. It must be clear to anyone even mildly acquainted with psychological phenomena, that the desire to be castrated and the execution of the operation upon oneself represent unrealistic and psychotic attempts at solving psychic conflicts. In this same chapter on *Sex Functions In Man*, the conspicuous absence of objective criteria accessible for a study of man's sex functions is deplored. It seems that more emphasis could be placed on the concept of validity rather than on objectivity, if the latter term is used to signify something merely tangible, capable of being put in a test tube or on a balance.

This is an excellent book with a well rounded out collection of solid contributions. The style is lucid, smooth, and concise. Its value could be distinctly enhanced if due consideration and place were given to the psychiatric aspects of sexual and endocrine functions.

EDWARD S. TAUBER (NEW YORK)

SEXUAL FREEDOM. By René Guyon. Translated from the French by Eden and Cedar Paul. London: John Lane The Bodley Head, Ltd., 1939. 344 pp.

This is the second 'instalment' of a work encompassing six volumes. Its subject is the 'message of sexual freedom'. Starting with Freud's

precept that neuroses are the result of repressed sexuality, Guyon concludes that man will be freed of neuroses and happy when 'the doctrine of sexual legitimacy and sexual freedom' has been accepted. Although Guyon frequently quotes Freud, he has actually developed his own psychology, the main points of which are 'the legitimacy of sexual acts' and 'the mechanistic theory of sex acts'. 'Sexual acts', he says, 'are legitimate because they are beyond good and evil. . . . [They] are legitimate for the very reason that they are amoral and mechanistic'. The union of affection and sexuality is 'accidental and episodic'.

Among the most positive aspects of Guyon's work is the enthusiasm which pervades its pages. The dominant sexual morality, he says, is an invasion of the freedom of the individual; sexual acts belong to the sphere of private life in which the state and society have no right to interfere. Thus Guyon unfolds a picture of a world free of problems, where happiness is secured through constant changing of sexual partners. Jealousy is nothing but the expression of a ridiculous possessiveness and as such, should be discarded.

A more detailed review of this rather peculiar book would be a difficult task. No real development of the author's theories is apparent; they are presented rather as a series of repetitions and variations. Guyon's battle against the taboos and prejudices of society, his call-to-arms against the morals of the small town Babbitt with their deleterious effects on health and happiness, his efforts toward a rational conception of sex, his courage in speaking frankly, all these are refreshing. One cannot fail to recognize, however, that the theme is handled from a rationalistic standpoint, too superficial to do justice to the social and psychological problems involved. Guyon does not acknowledge that the sexual act is only part of a greater, more complex relationship. He isolates it not only from human connections in general, but even from sexuality itself as it is usually understood by psychoanalyst and layman. His concept of the drive thus actually becomes, without his realizing it, a denial of the drive, which is deprived of all instinctual elements, of all depth and feeling and seems to be merely a rational mechanistic function. Guyon appears unaware that in his conception the drive is no longer a drive, that he affirms it only after having drained it of its living and sometimes dangerous qualities. Thus in seeming recognition we see a return of the repression in the affirmation—repression through expression.

Guyon's work is an interesting example of this mechanism, which, with the popularization of analytical concepts, has become so common. Psychoanalysis has demonstrated how the drive influences life from the unconscious, and has sought as far as possible to make the unconscious accessible to rational thinking. Guyon, however, attempts to conceive of the drive itself as something rational. The same might be said of his zealous advocacy of nudism. The hymen is designated as an 'absurd membrane'. All these questions are discussed from the standpoint of the male, the Don Juan being regarded as the essentially normal type of man. Guyon stresses that there are men 'who cannot possess a woman more than once'. He considers this a normal, as it were, physiological, development in many men 'who have had long and various amorous experience'. Since the nature of the drive in its essential meaning is denied, the problems of morality, of drive restrictions, of the interrelation of drive and cultural development are hardly even seen. On the one hand he regards the restrictions of sexual life in contemporary culture as 'taboos', as primitive vestiges, while on the other hand he refers constantly to the sexual freedom of primitive tribes which are supposedly free of neuroses. Thus he overlooks the fact that particularly among primitive peoples many taboos are to be found. In no connection does he mention the decisive question, often discussed by Freud, of to what extent drive restriction is a necessary precondition of civilization. For it remains a moot question why the primitive tribes, cited by Guyon, could not develop a civilized culture. He asserts that 'sublimation is a pathological symptom resulting from a privation neurosis'.

Behind Guyon's philosophy of a hedonistic rationalism lies concealed the fear of chaos, the denial of individual and social depths, the longing for a simple solution. He regards himself and his adherents as 'exponents of a true doctrine'. 'We must be in one camp or the other, just as we must accept or reject religious creeds.'

If we understand his message as creed, it becomes more easily comprehensible. His apparent rationalism proves itself a modern return of a phallic religion. Guyon's work is symptomatic of a need which has led to innumerable manifestations and has acquired expression particularly in political doctrines. In place of the old religions we witness substitute formations, in which the criticized and apparently subdued elements have found a modified and only less transparent expression.

Freud created and conceived of psychoanalysis as a pure science which can offer no recipes for easy solutions. Nevertheless there have been movements which, taking and oversimplifying elements of psychoanalysis, have tried to build a philosophy out of these scientific findings. Such movements tend in the direction of the rationalistic—such as the one discussed here—or in that of the irrational-mystic. Both movements use psychoanalysis for their purpose but have hardly anything to do with the rational endeavors of psychoanalysis as a science.

HENRY LOWENFELD (NEW YORK)

JEWISH MAGIC AND SUPERSTITION: A STUDY IN FOLK RELIGION. By Joshua Trachtenberg. New York: Behrman's Jewish Book House, 1939. 356 pp.

The psychoanalyst, as well as anyone interested in folklore, will find this book praiseworthy. It is the first time that such a systematic and objective compilation of the data of Jewish superstition has been attempted.

The author tries to prove that the widespread acceptance of the Jew as a magician par excellence is only a myth based on complete ignorance and misjudgment of the Jews. All that prevailed prior to the Middle Ages in the guise of Jewish magic was essentially an echo of the superstition of other civilizations, like the Canaanite superstitions reinforced by importations from Babylon and Egypt. The specific Jewish magic which began to develop in the Geonic period (589–1038) did not crystallize until the appearance of Jewish mysticism and the Cabalistic lore. In contradistinction to Christian magic which had been banished by the church because of its reliance upon the devil and satanic forces, the medieval Jewish magic functioned within the framework of the religion and its primary principle was an implicit reliance on God's powers (p. 15). The invocation of God's name and His celestial servants soon gave rise to the use of inscribed amulets, some of which were accepted as a part of the religious cult as for instance, the familiar phylacteries and mezuzah (a parchment talisman affixed to the doorpost) which served originally to drive off demons.

In the thirteenth century a book appeared (*Sefer Raziel*) which consisted chiefly of the various names of God, the angels, and many symbols. This book, originally conceived as a charm against fire, was also to be used for other occasions later on. The most powerful device, however, to frighten the demons was the word 'Almighty'

(*Shaddai*—consisting in Hebrew of three letters), which had to be written on the outside of the parchment of the mezuzah. Incidentally the first letter of this word must appear on the phylactery box, and the phylactery thongs bound around the arm during prayer form a design which also spells out God's name. It is well known that the descendants of the priestly caste (*Kohanim*) when offering their blessing to the congregation, form the same design with their fingers while placing their hands in an upright position over their heads. When we consider the fact that 'the fingers were used as phallic symbols to the same ends' (to frighten off spirits, p. 161), we may understand why the members of the congregation had to shut their eyes during the religious ceremony.

The gesture '*faire la figue*' which was considered during the Middle Ages as an insult to men and spirits alike and which represented the sexual act, has its prototype in a Talmudic prescription against the 'evil eye'. The latter consists of placing one's right thumb in the left fist and the left thumb in the right fist.

In the daily struggle with the spirits there were times when a person was particularly vulnerable and it is of course significant that moments of joy and happiness were considered as the most perilous ones because they 'unduly excited the envy and animus of the spirit world'. The defense system of superstitious beliefs had to be concomitantly strengthened. The period of birth was looked upon as a particularly crucial one when the spirits hovered over mother and infant. The danger usually ended with the initiatory rite of circumcision which apart from the religious significance, was considered in some degree as a measure of protection against the forces of evil.

The wedding day was another precarious moment because it too aroused the jealousy of the demons. In greatest jeopardy, however, was the bride because women were more accessible to the spirits than men. The rationalization for this was that woman represented the degree of creation immediately above that of the spirits. By uniting themselves with women the demons were seeking their perfection, like women who, themselves imperfect, sought perfection through union with men.

Thus it should not be difficult to understand why women were believed to be more frequently possessed by the demons and more prone to sorcery than were men.

There were numerous means of gaining the good will of the

spirits and of appeasing their jealousy. The most popular method consisted of offering food and gifts to the spirits. The breaking of pottery at weddings was not only done to frighten off the demons, as was usually understood, but also 'to give the accuser [Satan] his due', to satiate his appetite for destruction. Crying and wailing during the wedding ceremony, which can be observed to this day among Eastern Jews, was another way of pacifying the animosity of the demons. The aim was to delude the spirits and make them believe that they were witnessing a sorrowful and distressing event. In some places ashes were spread upon the bride and groom in order to complete the impression of mourning. Attempts to deceive the spirits by throwing confusion among them was also practiced in cases of illness to divert them from their victim. This was accomplished by the changing of names, a procedure effected before an assembly of the congregation, and by using special charm formulas. The heavenly authorities as well as the spirits were notified of the change in order to consider this person as a new man, 'an infant who was just being born unto a long and good life'. The ritual of symbolic rebirth seems to have been widespread throughout the Middle Ages especially when medical art failed. So, for instance, Judah the Pious (thirteenth century) cured a woman who had failed to become pregnant by telling her children to place their mother in a grave in order that 'she be forgotten as a corpse mouldering in the earth'. Frightened by a prearranged attack, the children ran away from their mother, whereupon she arose from her grave. Soon afterwards she conceived.

Space does not permit a discussion of numerous rebirth fantasies which seemed to have played an important rôle in Jewish superstition and ritual and to which the reader will find allusions in this book. Presented with subtle humor, the material though not complete is rich and full of skilfully gathered documents worthy of psychological elaboration.

PAUL FRIEDMAN (NEW YORK)

FAITHS THAT HEALED. By Ralph H. Major, M.D. New York and London: D. Appleton-Century Co., Inc., 1940. 290 pp.

This book is a discussion of faiths that have dominated the minds and hearts of people from the days of the Temple of Æsculapius at Epidaurus down to the present day cults, such as that founded by Mary Baker Eddy.

The book shows careful and extensive research. The only part of the book with whose content I am intimately familiar from personal observation and study is that regarding Bernadette of Lourdes. Dr. Major shows a sympathetic understanding of the unhappy child who saw the apparition at whose command a chapel was built. I can disagree with only one statement he makes: that she was 'ignorant, nervous and grossly superstitious'. She was ignorant because she had no education but as far as I know there is no indication that she was nervous save at the times she saw the apparitions. To prove that she was grossly superstitious, he says that she saw the devil prowling about and scowling at her. It should be noted that this hallucination occurred when she was in delirium a few hours before she died and did not at all represent the normal attitude that she showed either when she saw the apparitions at the site of the present shrine, or later.

The style is clear and the book is very interesting to read. One is especially pleased that the author discusses these faiths that have cured people with a spirit of wonder and of reverence. There is absent the pat explanation and the scornful contempt that so often marks a discussion of these phenomena.

There are interesting discussions of the Children's Crusade, that most pathetic episode of the Middle Ages, the Dance of St. Vitus, the phenomena of the blood appearing on the Host, and of the stigmata on the hands and feet that are said to have occurred in the case of the Abbess of Bingen and St. Francis of Assisi. Finally, there is a brief and interesting discussion of witchcraft in England and in this country.

SMILEY BLANTON (NEW YORK)

PSYCHOTHERAPY: SCIENTIFIC AND RELIGIOUS. By Marcus Gregory, Ph.D. London: Macmillan and Co., Ltd., 1939. 495 pp.

The author of this volume, one of the most interesting of the recent books on psychotherapy, is a priest of the Coptic Church.

There is an introduction to the book by Dr. William Brown, a member of the Psychological Department of the University of Oxford, and also one by Dr. L. W. Grensted, Professor of Philosophy at the University of Oxford. The author has had training for several years under Dr. Brown and has practiced psychotherapy in relation to his pastoral work for some years. He therefore brings to the work a practical appreciation of the problems involved.

The book is based not only on the author's personal work but on a comprehensive and careful review of the worth while books on suggestion, psychiatry, psychoanalysis and psychotherapy. No less than two hundred and fifty-three books and pamphlets are listed in the bibliography and it is obvious from the discussion that the author has familiarized himself with the content of these books.

The book is divided into twelve chapters. In the first, Health and Disease, occurs a very interesting discussion of the mind-body relationship and of the influence of thoughts and feelings on health and disease. In the following chapters there is a discussion of the development of psychotherapy from magic healing in the pre-Christian era down to the present time; there is an interesting discussion of the miracles in the New Testament and miracles recorded in the Middle Ages, and of those healings that occur at Lourdes. There is a discussion of the works of Freud, Jung and Adler. The author apparently feels that the method of Freud is sounder and more effective than that of either Jung or Adler.

In the last chapter the author emphasizes the fact that clergymen should have some training in psychotherapy and in mental hygiene although, he feels, they should not try to practise psychiatry. He gives the following interesting quotation from Prof. Mackenzie (p. 441):

'The time has come when every minister ought to have some knowledge of the psychology of the human soul; when he ought to receive in his curriculum a thorough grounding in the conflicts which lead to the divided soul; when he ought to know the principles of mental healing.'

To the argument that prolonged psychotherapy in the form of psychoanalysis interferes with a person's Christian faith, the author quotes Dr. Brown who was psychoanalyzed without disturbance of his faith.

This is a sound effort to coördinate religion and mental hygiene. The book is recommended especially for ministers, lay and religious teachers, and social workers.

SMILEY BLANTON (NEW YORK)

ABSTRACTS

Über eine orale Komponente bei männlicher Inversion. (An Oral Factor in Male Homosexuality.) Grete Bibring. *Int. Ztschr. f. Ps. u. Imago*, XXV, 1940, pp. 124-130.

The manifest homosexual man of a certain type approaches woman, originally the mother, indirectly by identification with the homosexual object who was a rival, the father or a more successful brother who aroused the patient's fear to a degree that he abandoned any competition with him. The oral introjection of the penis of the successful rival has become the substitutive instinctual goal. The repressed aggression against the rival emerges in possessiveness that adopts the rival's penis in order to enjoy the conquests instead of him. In a more masochistic homosexual type, the fear of the castrating potentiality of the vagina contributes a further motive for the repression of immediate heterosexual conquests and the choice of identification with the successful rival, the beloved ego ideal, whose penis alleviates the castration fear of the patient.

EDITH VOWINCKEL WEIGERT

Lösung und Bindung von Angst und Zwang in der israelitisch-christlichen Religionsgeschichte. (Resolution and Fixation of Anxiety and Compulsion in the History of Israelitic-Christian Religion.) Oskar Pfister. *Int. Ztschr. f. Ps. u. Imago*, XXV, 1940, pp. 206-213.

An irregular rhythm of alternating guilt and salvation is traced in the history of Jewish and Christian religions. Guilt is concentrated in the periods of orthodoxy, while in periods of religious reformation the enthusiastic experience of the saving and loving mercy of God prevails. In the latter periods the belief in God's forgiveness overcomes the anxiety of guilt, opens up channels of activity to the repressed instincts. But these channels are opened only to sublimated instinctual activities, moral barriers existing against the breaking through of immediate instinctual needs. These barriers increase anxieties and compulsions and lead to the severe and cruel forms of orthodoxy. The author compares the liberation process of a reformation period with an incomplete psychoanalysis.

EDITH VOWINCKEL WEIGERT

Das Medusenhaupt. (The Head of Medusa.) Sigmund Freud. *Int. Ztschr. f. Ps. u. Imago*, XXV, 1940, pp. 105-106.

This is a short posthumous manuscript of two pages dated May 14, 1922.

Freud comes to the same conclusion which Ferenczi published in 1923. The head of Medusa is to be interpreted as the female genitals, and the terror which it inspires is the castration terror of the boy who sees female genitals for the first time.

The phallic symbolism in Medusa's head is an attempt to deny the absence of a penis. The 'terrifying phallic mother', Freud states, is terrifying not because, but despite the fact that she is phallic. The attempt at denial has failed. The apotropaic power of Medusa's head is rooted in the hope that the

demons will be terrified in the same way as the boy was. The phallus itself, it is true, is used as an apotropaic instrument, but in another way. 'The demonstration of the penis—or of its surrogates—is intended to say: "I am not afraid of you, I resist you; I have a penis." That is another way of intimidating the evil spirit.'

OTTO FENICHEL

On the Exceptional Position of the Auditory Sphere. Otto Isakower. *Int. J. Psa.*, XX, 1939, pp. 340-348.

Isakower has dealt before with the importance of equilibrium sensations during early phases of ego development.¹ He now traces the psychic correlations of equilibrium and of the auditory apparatus. Certain crustaceans 'incorporate' particles of stone and sand to use as otoliths, that is, to aid their orientation in space. The human being's need for orientation is met by speech, which also is based upon material taken in from the outer world, through auditory incorporation. Here it is not so much the verbal elements themselves as 'the assimilation and correct combination of verbal images, the development of a grammatical and logical order in the processes of speech and thought'. These auditory incorporations, relevantly construed by the child, become the basis for the superego, which also serves the purpose of orientation in the outer world. 'The following formula then suggests itself: Just as the nucleus of the ego is the body-ego, so the human auditory sphere as modified in the direction of its capacity for language is to be regarded as the nucleus of the superego.' Proofs for this origin of the superego are found in delusions of observation and in certain other schizophrenic phenomena.

The relation of the auditory sphere to dreams is next examined. Dreams are usually visual, but Isakower calls attention to an interesting phenomenon which occurs while falling asleep: 'Linguistic phenomena connected with going to sleep often show an almost exaggeratedly elaborate grammatical and syntactic structure. The speech flows along in complex phrases, with strongly accentuated sentences of animated and changing form; but it loses its clarity more and more as it proceeds, and at length there remains only an impression of lively and complicated periods without any verbal elements which can be clearly grasped (and this is perhaps one of the main reasons why periods themselves are so difficult, indeed almost completely impossible, to grasp) until at last the periods gradually pass over into a scarcely articulated murmur, which stops, starts again, and finally passes over into sleep.'

'All this is only another aspect of the fact that before the "censor" whom we know so well, withdraws, he seizes the opportunity of making his voice heard once more very forcibly. What we see here is not so much content that is characteristic of the superego, but almost exclusively the tone and shape of a well-organized grammatical structure, which is the feature which we believe should be ascribed to the superego.'

Isakower's paper raises new problems in the allusiveness of biological to psychological phenomena.

OTTO FENICHEL

¹ Isakower, Otto: *Beitrag zur Patho-Psychologie der Einschlaf-Phänomene*. *Int. Ztschr. f. Psa.*, XXII, 1936.

Open Letter to Dr. Ernest Jones. Smith Ely Jelliffe. *Int. J. Ps.*, XX, 1939, pp. 349-352.

Jelliffe evaluates Jones' importance for psychoanalysis in general, and for the spread and development of psychoanalysis in America especially. He emphasizes that 'from the very start psychoanalysis in America has been preëminently a medical and even more significantly a psychiatric discipline.'

OTTO FENICHEL

The Concept of Rationalization. Walter Hollitscher. *Int. J. Ps.*, XX, 1939, pp. 330-332.

Hollitscher states that 'When . . . an analyst says, one's line of thought is rationalized, he is not thereby expressing any opinion as to its rightness or wrongness or as to the correctness of the logical processes involved', and that 'the concept of rationalization belongs to the psychology of thought and not to logic'. This point is often misunderstood by critics of psychoanalysis.

OTTO FENICHEL

A Contribution to the Understanding of Schizophrenic Speech. M. Katan. *Int. J. Ps.*, XX, 1939, pp. 353-362.

To study the peculiarities of schizophrenic speech, it is necessary to study the initial symptoms, because later secondary elaborations complicate the picture. Katan gives examples of the typical verbal associations of schizophrenics, of their using the names instead of the objects themselves, of their hypercathexis of words.

Freud demonstrated that schizophrenics, having lost all object relationships, make attempts at restitution, but in so doing cannot catch more than words, the shadows of the objects. This explanation, Katan says, is not sufficient. Every attempt to regain the world of lost objects is bound once more to meet the same dangers which previously had caused the withdrawal from reality. Delusions, as well as the schizophrenic manner of handling words, are more than mere attempts at restitution. They are attempts to master old dangers and, no doubt, to master them in a new way. 'The word expresses this danger and operates as a danger signal, against which the patient can easily protect himself by avoiding it.' Later, the relations of the words to the dangers are blurred, but they can be traced in the initial stages. What is true of words, is also true of symbols. The schizophrenic uses them also for the purpose of mastering danger situations although in quite another way than the neurotic.

The reviewer would like to add that Freud too was of the opinion that along with the words which are the shadows of the lost objects, the shadows of the conflicts around those objects also keep returning.

OTTO FENICHEL

Religious Delusions in Schizophrenia. M. Ralph Kaufman. *Int. J. Ps.*, XX, 1939, pp. 363-376.

The difference between religion and religious delusion consists only of the former's social character. That is to be seen in the foundation of religions by

schizophrenics whose success depends only on mass psychological prerequisites. 'However, the factors which lead to such an acceptance by a group are still unclear.' (Probably these factors are not to be sought on a purely psychological basis.) Kaufman hopes to learn more about the psychology of religion by analyzing religious delusions. He reports two cases in detail. Both cases are very similar to Schreber, the second case especially showing the same unconscious basis for the development of his delusions. The similarity between the material of schizophrenic delusions and of accepted religions does not need to be explained by mystical 'archetypes' both are rooted in the same unconscious conflicts. The subsequent development of a religious belief after its social acceptance, is, it is true, different from the development of a religious delusion. 'Whereas in normal religion the group achieves a desexualization and overcomes hostility, in the delusional belief this is not altogether achieved and there is a resexualization of the deified parental substitutes.' When religious schizophrenics appear in a society where religions are traditional, Kaufman regards this as an insufficiency of the social function of religion. There are many social aspects of religion which are not discussed in this paper.

OTTO FENICHEL

Treatment of a Case of Ulcerative Colitis Associated with Hysterical Depression.
George E. Daniels. *Psychosomatic Med.*, II, No. 3, 1940.

A housewife of thirty-two with a history of three previous attacks of ulcerative colitis has been followed psychiatrically during nearly five years. Deep unconscious hostile trends and suicidal drives were revealed. She was given nine months of intensive psychotherapy, three of them in the form of free association. She became able to emancipate herself from her family and to reestablish her own home. During the time of transition hay fever and asthma appeared for the first time. In accordance with the findings of Alexander the author's patient broke down where genital giving was required. It was also found that a similar confusion existed between child and feces which existed in one of Alexander's cases. The diarrhoea often represents not only a compensation for dependence but also a rejection of feminine passive desires by active giving. There must be some fundamental difference between spastic and ulcerative colitis. One important difference is that the ulcerative colitis patients seem to have a more narcissistic character organization.

MARTIN GROTHJAHN

Ideas of Contamination as Defense Against Sexuality. George S. Sprague. *Amer. J. of Psychiat.*, XCVII, 1940, p. 659.

In this article the author first presents three clear-cut examples to demonstrate how delusional ideas of contamination function as defenses against sexual thoughts. The first case is a paranoid man who showed strong homosexual tendencies which he repudiated and who thought that he was infected, drugged and castrated. The second case is another paranoid man who heard voices accusing him of homosexual practices and who suffered from the delusion that his wife was poisoning him. He was totally impotent. The third case was a man who like the two preceding had had no sexual relations. After twenty-three years of dental practice he suffered from influenza after which a young

woman patient playfully kissed his cheek. He thereupon became anxious and feared that he had contracted syphilis and would infect others. He washed so incessantly that he had to abandon his practice and feared that because of the kiss he was losing his soul. He believed that people thought him to be a sexually unscrupulous man. The author points out that this man like the others replaced the 'sexual picture by a contamination picture'.

The theory is advanced that the process is similar to the recognition of a misspelled word because sufficient details are recognized. Another example is the recognition of a person at dusk. If he is near enough that sufficient detail is observable, he is recognized; whereas at a greater distance he is seen only as a moving object. 'These grades of clarity of concept formation indicate merely the completeness of awareness of the details by the observer.' The patient seeks to give attention to sexual concepts, but these are blurred by his prejudices, resistances and conditioning, so that only certain details come through. If the specifying details are sufficiently blurred, then the individual does not recognize the actual concept, but some similar notions containing certain of the same items. 'It is suggested then that ideas of contamination may occur in psychosis due to a process of faulty completion of concepts whose original identity has been blurred by the removal of some of their definitive items by repression. . . . The original concept, through disintegration and resynthesis under emotional pressure, shows now a changed identity.' Analysts will recognize in the author's main point, the process of 'secondary elaboration'. The author stresses this at the expense of the primary processes which have been so fully described by Freud. Disintegration and resynthesis under emotional pressure are merely mentioned. No attempt is made to treat the subject exhaustively, either as to dynamics or thought processes involved.

LEON J. SAUL

The Meaning of Head Hunting. H. S. Darlington. *Psa. Rev.*, XXVI, 1939, pp. 55-68.

Certain tribes in Assam believe that head-hunting is necessary to produce a high birth rate and abundant crops. Collecting heads means to them collecting souls, and there must be a large stock of souls on hand to ensure reincarnation. The oval form of their villages and the sacred tree in the center are interpreted as representing the female genital and the phallus. A skull on the house represents a penis, the house itself the womb. The garden also signifies a woman and the new rice is looked upon as a newly born infant. The inhabitants of the same village regard themselves as persecuted by all outsiders thus passing on this idea to the younger generation. 'Paranoia might be a cropping up of the old racial memories of persecution by some distant people living in a hostile village.'

GÉZA RÓHEIM

Penis Envy and Incest, A Case Report. J. Butler Tompkins. *Psa. Rev.*, XXVII, No. 3, 1940.

In this article the author calls attention to the coincidence of penis envy as a trait of personality and incestuous events during childhood. The penis envy is inferred by the author from somewhat inconclusive evidence, as for instance

the patient's masculine type of character, her scotimization of the vagina, etc. However, even if the account were classical, there would be nothing remarkable, nothing to lend credence to accepted theories of psychoanalysis, as the author seems to suppose. Since penis envy is based on unconscious fantasies of incest, he argues, it would be very nice to find a case where incest had actually occurred. On such a supposition one might seek for examples of actual castration to see if they would corroborate unconscious castration fear. An incestuous relation during almost the entire period of childhood—according to the patient, from two to thirteen—constitutes a constant environmental factor rather than a fixating traumatic event. To understand its consequence to the structure of the personality, it would be necessary to take into consideration the unconscious effect on the development of the personality rather than to state the existence of such a common trend as penis envy; and without psychoanalysis such an evaluation of the development of the personality would certainly be difficult.

As a matter of experience one seldom encounters an intact memory which reaches back without falsification to the age of two. Traumatic incidents occurring at this age are nearly invariably repressed. The recollection of the patient at this age, therefore, of placing her left foot on her father's penis, and herself lifting the cover to see what it had touched, is probably a screen memory. On the other events in the case, though interesting, there is not enough evidence to warrant speculation.

SYDNEY G. BIDDLE

The Determination of Hysteria Versus Obsessional Neurosis. Paul Federn. *Psa. Rev.*, XXVII, No. 3, 1940.

This paper is an attempt to solve the problem of the choice of neurosis. To differentiate clearly between the two clinical pictures, in cases of certain phobic states, tics, etc., proves to be rather difficult.

Obsessional phenomena are characterized by certain rules. These may be summarized by saying that obsessions demand full unity of the ego and utmost concentration. The obsessional neurotic ego of abnormal strength is faced with a superego of still greater strength.

In contrast to this the ego of the hysteric is abnormally weak. It reacts to physical fear with methods which are characteristic for a helpless ego which capitulates in a passive way. Dangerous impulses are repressed together with the ego reactions to danger. In this way the ego is split and impoverished. The hysteric is unstable, ununited, unreliable. Identifications of very short duration take place whenever he meets new objects. He is incapable of lasting object relationships.

Following a remark of Freud wherein he sees the essence of the disposition to obsessional neurosis in premature ego development, Federn regards as the particular premature development of the ego, the early separation of the psychic and physical ego and the overcharged ego boundaries as a distinguishing factor between compulsion neurosis and hysteria. He traces these differences to an early stage of development. The 'normal neurosis of children' is hysteria. The child seeks defense against danger by flight to the mother and overcomes its physical fear by union with her. This primitive physical enlargement of

the ego is the basis of every identification. The hysteric stays on this level of development which, though adequate for the child, results in lasting ego weakness in the adult (passing identifications, unreliability, tendency to repression).

The child destined to be a compulsion neurotic reacts to danger in an active way and finally identifies his whole ego in a lasting way with the father, thus building up a strong and more or less rigid superego. The development of a neurotic or normal personality depends on whether the ambivalence in the relationship to the father can be overcome or not. This active and early developed ego corresponds to active anal-sadistic and masculine behavior whereas the hysteric has a tendency towards a passive feminine sexual pattern.

The phenomenological investigation of the differences between the hysterical and obsessional ego is very interesting and of great heuristic value. Future research will have to decide whether such patterns of identification—for the hysteric, physically with the mother; for the obsessional, psychically with the father—can be found to be the rule.

ANNIE REICH

Misanthropic Delusions, Attitudes and Associated Character Anomalies. Morris D. Riemer. *The Psychiatric Quarterly*, XIV, 1940, p. 556.

The ideation of patients with a frank contempt for humanity revealed in such expressions as 'nobody can be trusted', 'everybody is dishonest', 'a person who is honest is a fool or a faker', 'all doctors are fakers', etc., are usually associated with a certain type of personality. They are hypersensitive, fault-finding, inclined to be extremely sceptical, quite inaccessible and some have definite megalomaniac fantasies. The misanthrope 'carries within him a reservoir of instinctual hostile aggressions which he freely projects onto the world outside by an ingenious faculty of playing upon the very human frailties which reside in himself in greatest quantities. He wears a mask, which can hardly be detected as such, to hide his own underlying defects.' The paper is an interesting bit of insight which goes beyond the usual descriptive studies of such clinical pictures.

J. KASANIN

Significant Factors in the Readjustment of Women Patients with Masculine Tendencies. James H. Wall. *The Psychiatric Quarterly*, XIV, 1940, p. 504.

Capable, energetic, domineering women frequently find very little fulfilment in marriage since they frequently marry inferior partners or they become embroiled in hopeless competition with equally aggressive and inelastic mates. The author suggests various solutions for this problem which fit best the individual case. When such a person finds it possible to engage in some form of useful, creative activity, the results are most gratifying. The article is well written from the 'common sense' point of view.

J. KASANIN

Psychoanalytic Psychiatry; Theory and Practice. Karl A. Menninger. *Bulletin of the Menninger Clinic*, IV, No. 4, 1940.

Dr. Menninger believes that psychoanalysis has contributed much theory to psychiatry but little that is used in the practice of psychiatry. This is due to

the resistance of psychiatrists and to the isolation of the psychoanalysts. The contributions of psychoanalysis to psychiatric theory and to psychiatric practice are listed and discussed. Special emphasis is laid upon the fact that so little use of psychoanalytic concepts has been made in psychiatric practice, particularly in psychiatric patients requiring hospitalization.

CHARLES W. TIDD

An Evaluation of Metrazol Treatment. William C. Menninger. *Bulletin of the Menninger Clinic*, IV, No. 4, 1940.

The use of metrazol was discontinued because of the complication of fractures although this complication can be avoided by using curare. Metrazol is most efficacious in the affective disorders (manic-depressive psychoses; involutional melancholia and agitated depression). Treated with metrazol forty per cent recovered and forty per cent were improved. In the schizophrenic disorders seventeen per cent showed social recovery and fifty-five per cent remained unchanged. All of these patients received psychotherapy, and milieu therapy. Tables are given to show the results of other workers in 562 cases of affective disorders and 7369 cases of schizophrenic disorders.

CHARLES W. TIDD

Ferdinand the Bull. Martin Grotjahn. *Amer. Imago*, I, No. 3, 1941.

'Ferdinand behaves as if the world were not real, but as he wishes it to be: peaceful.' He does so by remaining in a state of primary narcissism where neither danger nor guilt yet exist. 'He remains an eternal child, knowing neither the obligations and conflicts, nor the challenge which is connected with the fate of being a bull. He does not regress. He simply remains locked in his happy innocence, nursing himself with the abundance of infantile pleasure.' Everyone would like to regress to that state but harsh reality does not permit it. If it can be enjoyed in identification with this happy animal, all expenditures for mastering the difficulties of reality become superfluous. Ferdinand enjoys eternal oral omnipotence 'with all the pleasure of a suckling he drinks the smell of the flowers', not at all 'unsexually', but 'with all the sense of real excitement'. The symbolic cork tree represents his primary unity with both parents, the 'oceanic', yet unindividualized, but also undangerous world. 'Ferdinand and Chaplin . . . do not believe in castration, always asking in moments of danger, "So what?"', with disarming results.' Grotjahn makes interesting remarks about the sense of humor. Reality and superego can be mastered better after having been submerged in fantasied recollection of the lost paradise. 'The aggression stimulated by all associations contained in the idea of being a bull is suppressed and the emotional pity for the castrated father is saved by the happiness of Ferdinand who succeeds in gaining a happy reunion between father and son, not even losing the mother's love.'

OTTO FENICHEL

On Supervision of the Transference in Psychiatric Social Work. Harry B. Levey. *Psychiatry*, III, No. 3, 1940.

The therapies employed in social work have these facts in common: they all are actual therapies of the unconscious; they are based on borrowings from

psychoanalysis; they usually avoid calling by name the dynamic element in the relationship between worker and client—the transference. Their borrowings are so selected and distorted as to misconceive the true nature of the transference and evade effective perception and management. So far, training and experience of social workers has not prepared the workers for unsupported therapy of the unconscious—neither for the accurate diagnosis of the transference, nor the delimitation of treatment goals, nor for the evaluation of treatment results from the psychoanalytic frame of reference. The natural sphere of further development in social work lies in experimental collaboration with psychoanalytically experienced psychiatrists who have had experience with case work methods and whom the social worker should consult early for intensive coöperation. The value of this paper lies in the extremely clear analysis of social work as a psychological field and the specificity of reasoning about the coöperation between social worker and psychoanalyst.

MARTIN GROTJAHN

Conception of Modern Psychiatry: The First William Alanson White Memorial Lectures. Harry Stack Sullivan. *Psychiatry*, III, 1940, pp. 1-117.

In this series of lectures given under the joint auspices of the St. Elizabeth Hospital and the William Alanson White Psychiatric Foundation in October 1939, Harry Stack Sullivan gives an outline of the field of thought within which there are insights that illuminate some old and many future problems of the relations of man to man.

The first lecture, *Conception of Modern Psychiatry*, gives historical background. The second lecture called *The Human Organism and Its Necessary Environment*, epitomizes various concepts: man is not a creature of instinct (the view of Aristotle and of William McDougall); there are transcendental powers between or among which man may choose his allegiance (the medieval view rather sympathetic to Otto Rank); logic and its categorical opposite (Bacon and in a way Alfred Adler and Alfred Korzybski); the evolution of social intellect (Compte and some mental hygienists); racial fitness (de Gobineau and Hitler); the conflict of society and human instincts (Freud); racial unconscious (Jung).

As we survey the present, four significant conceptions emerge. For the general biologist, man is the most complexly integrated organism thus far evolved. For the psychobiologist, man is an individual organism the total function of which is mentally integrated life. For the social psychologist, man is the human animal transformed by social experience into a human being. For the psychiatrist as a student of interpersonal relations, man is the tangible substratum of human life.

Under the title *Explanatory Conceptions*, the author points out that the pursuit of satisfaction and the maintenance of security—the great motors of human behavior and thought—have physiological substrata that must be considered in any attempt at explaining states of mental disorder or maladjustment. Of special interest is the author's separation of dementia præcox from another syndrome: 'It is primarily a disorder of living, not of the organic substitute. The person concerned becomes schizophrenic as one episode in his career among others, for situational reasons, more or less abruptly.'

Therapeutic Conceptions are outlined in the last lecture. The purpose of psychiatry is the understanding of living to the end that it may be facilitated. The goal may be viewed from the standpoint of treating mentally disordered patients. Even from this viewpoint, one cannot but realize that the social order itself is an important factor with which one must reckon in formulating therapeutic aims and the procedures for their realization. Today, the acceleration of social processes has become so great that almost every psychiatrist has some occasion to realize that the level of general insecurity is rising, that the social order is in a sense itself gravely disturbed, and that psychiatry as a therapeutic art is confronted with new tasks that require a change of orientation and the perfection of new techniques. No other group of citizens has a greater stake in the future of the United States than have the psychiatrists who are students of interpersonal relations; yet the broader aspects of therapy are scarcely ready for generalization. The therapeutic conceptions of modern therapy arise directly from the works of Freud, Meyer and White.

Sullivan concludes that one achieves mental health to the extent that one becomes aware of one's interpersonal relations. The processes of psychiatric cure include the maturation of personality, the evolution of capacity for adult interpersonal relations. Verbalization is usually if not always necessary to insure permanent benefits. The first effective step in the solution of any problem is the synthesis of perceptions and prehensions as to the problem situation into a perception of that in which one is involved. This usually calls for the release of one's alertness from inhibiting influences which are manifestations of the self dynamism. Progressively, in the course of identifying all the more important parataxically surviving, unresolved situations of the patient's past, and their consequent dissolutions, there goes an expanding of the self to such final effect that the patient as known to himself is much the same person as the patient behaving with others.

MARTIN GROTJAHN

The Characteristics of Masochism. Theodor Reik. Amer. Imago, I, No. 1, 1940.

Reik investigates the phenomenology of masochism, and endeavors to emphasize those traits characteristic for all forms of masochism. As such general traits he discusses the importance of fantasy, the suspense factor, and exhibitionism.

Reik gives an excellent description of the masochistic achievement of pleasure. End pleasure is avoided because it involves anxiety. This results in the condition for which he suggests the word 'suspense'. 'It is a tension within a tension . . . between anxiety and pleasure. . . .' Instead of pleasure 'which brings with it an anxiety, there now appears an anxiety which produces pleasure'. Apart from these well-known phenomena which lead to the conclusion that 'masochism is not characterized by a pleasure in pain, but by a pleasure in the expectation of pain', Reik investigates more thoroughly the relation between pleasure and pain. The masochist can achieve greater pleasure by greater pain. Reik believes that the masochist can thereby achieve a normal orgasm which seems questionable. The pain of the masochist is self-contrived. It is protection from a passive suffering of punishment by actively inflicting it on oneself.

Fantasy is of particular significance for all forms of masochism. This is

certainly true of perversions which are 'only an acting out of preceding fantasies'. The masochist needs, according to Reik, the preceding fantasy in order to protect himself from the partner, being dependent on him to a higher degree than other perverted persons. It would perhaps be possible to say that this dependence is but a fiction. The masochist can only stand pain arranged by himself. He does so in his fantasy, and he can occasionally entrust an object with the execution provided that the object closely follows directions. The importance of fantasy for the desexualized form of masochism is a different one. The life of the moral masochist is founded on an unconscious masochistic fantasy. He may have conscious masochistic fantasies too, but often these are absent.

The third characteristic, exhibitionism, has often been stressed. In a controversy with Reich it is stated that it is not correct to speak of an inhibited exhibitionism, as some form of it is bound to break through. Exhibition 'with reversed signs' is the exhibition of self-abasement and self-depreciation. The term 'exhibitionistic', is rejected because 'it presupposes that the show-off is proud of what he displays as if it were beautiful or magnificent'. Reik proposes the term 'demonstrative feature' to cover the exhibitionistic tendency as well as the sadistic tendency connected with it. Besides sadistic tendencies, there are many other traits which find expression in the exhibitionism of a masochist: bid for love, homosexual seduction, etc. Not the various tendencies, but the manner of expressing them—by provoking either an unconsciously arranged refusal, or a punishment—are characteristic. The connection between exhibitionism and sadism is, however, not limited to masochism.

Reik illustrates his paper with abundant clinical material with examples taken from literature, and with comparisons from the field of religion. This presentation gives a singularly clear and plastic picture of masochistic phenomena.

EMANUEL WINDHOLZ

Homosexuality and Lesbianism Treated with Metrazol. Preliminary Report. Newdigate M. Owensby. *J. of Nerv. and Ment. Dis.*, XCII, 1940, pp. 65-66.

Six brief case reports of homosexuals 'cured' by six to sixteen shocks are presented. The author bases the treatment on 'the assumption that homosexuality and lesbianism are symptoms of an underdeveloped schizophrenia which was arrested at the particular phase in its psychosexual development. . . .'

K. R. EISSLER

Symposium: Psychoanalysis as Seen by Analyzed Psychologists. *J. of Abnormal and Social Psychol.*, XXXV, 1940, pp. 3-56, pp. 139-212, pp. 305-324.

The editor of the *Journal of Abnormal and Social Psychology* inaugurated a symposium on psychoanalysis by experimental psychologists who had had 'first hand acquaintance of psychoanalysis in the rôle of analysands'. The symposium, which comprises highly stimulating statements on many analytic problems without following any problem through in detail, consists of ten articles. Eight of these were written by experimental psychologists, two of them by practicing analysts, the latter including comments on the other eight articles.

Alexander states in the last article of the symposium, that while anyone writing about his own analysis is dealing with an emotionally charged topic, all of the participants were nevertheless intellectually and emotionally honest. He further states that in psychoanalysis there will be an increasing 'demand for greater conceptual clarity, for quantitative method, the introduction of experimental procedure, and the coördination of psychoanalytic findings with physiology and the social sciences'.

Autobiographical Statements of the Authors. All of the authors give some biographical account of their contact with psychoanalysis. Alexander's story is a cultural document of a sort, since much of the drama of the rise, opposition to, and final acceptance of analysis occurred in his relationship with his father, a prominent philosopher and leader in Hungarian intellectual life. In the hierarchy of the human values of the period first came the arts and philosophy, with psychology considered part of philosophy. Only then came the natural sciences, with medicine closing the ranks. Accordingly, when the son, instead of studying archæology and the classics, entered medical school and became research worker in a physiological laboratory, the father felt that he had forgotten the 'essential problems of man'. Under the influence of a schizophrenic's insistent accounts of his dreams (Alexander was studying blood chemistry), and contact with an analyst, he reread Freud's *Interpretation of Dreams* which he had discarded some years back as being 'crazy'. His interest in analysis after that fluctuated. He considered the accomplishments of modern physiology more fundamental and wanted to devote himself to teaching and research, instead of to the practice of psychoanalysis, which was 'a horror in the eyes of the philosopher father' because of the sexual topics involved. The son finally turned towards psychoanalysis after the following incident. His father, 'a great Shakespearean student, had devoted a classical volume of five hundred pages to the solution of the question of Hamlet's hesitation to take revenge on his uncle'. When the son spoke to him once about Ernest Jones' idea that the solution of the puzzle lay in the œdipus complex, the father lost his temper. The son 'felt that he was witnessing the tragedy of the clash between the best of the past and the best of the present in human knowledge'. Seven years later the father read the manuscript of the son's first book on psychoanalysis, and voiced his new conviction that 'Freud's teachings were the beginning of the first real psychology'. He died in his sleep months later and 'on his night table lay open the last issue of the *Psychoanalytic Almanac* in which the old philosopher had published his first and last treatise on psychoanalysis . . . a comparison of Freud's repression theory with Spinoza's view concerning the rule of the intellect over the emotions'.

The account is of further interest because its author achieved a synthesis of various disciplines (psychosomatic studies), showing thereby, as other participants in the symposium, the value of training in other fields. Murray, likewise, at the end of his delightful article recommends a broad training for the psychologist including neurology, statistics, animal and clinical psychology, psychoanalysis, and sociology.

The Participants' Reactions to Their Respective Analyses. All of the accounts give confirmatory evidence of phenomena observable in clear context only under the circumstances of analytic treatment as, for example, Landis'

report of anxiety 'pervading all his thinking and interpersonal relations'. Some of the participants report therapeutic success; others, failure.

Examples of the first type are those of Symonds and Shakow. Shakow undertook to be analyzed for the purpose of training, but realized, although not fully, that he had therapeutic needs. After his initial attitude of resentment ('anyone trying to tell me, a psychologist, about myself!') was overcome, he became coöperative. When, after periods of discouragement, hope, insight, anxiety, and recurrences of resentment, his analysis ended, he found that although he hoped for 'miracles' did not occur, he had grown in maturity, learned to face himself and others better, and had acquired an 'ability to handle social relations with increased poise and assurance'. Shakow's experience was that perplexing difficulties were resolved with less pain, and new material appeared faster, if the analyst attempted reconstructions.

An account of therapeutic failure is given by Boring followed by comments of Sachs, Boring's analyst. Boring entered analysis because of an 'emotional crisis', which left him sterile for creative work. His suffering, readiness to make sacrifices, and external conditions favored therapeutic success. He reacted emotionally to his analyst, but never considered him the most important person in his life. Not a single dream analysis proved satisfactory and no unconscious memories were recovered. The analytic philosophy, that 'if you do not do what you can do, then you do not want to do it', roused his ire. When analysis terminated after ten months, he was distraught: 'I had eagerly awaited the light from heaven . . . and . . . the analysis petered out in an uneventful session'.

Although he won some new insights concerning emotional needs and professional ambition, Boring has not regained satisfactory productivity and is not a poised person. Acts of aggression disturb him deeply and interrupt his creative efforts. 'The analysis, which started for the purpose of clarifying one situation, ended by needing to clarify another. Since it was myself more than the particular situation that wanted clarifying, I do not see how this event could have changed the analysis from success to failure.'

Sachs comments that Boring came for treatment with a character problem, not a clearly defined neurosis. In such situations, the analyst, so as not to risk a breakdown, may have to leave psychological structures untouched, which although distressing, formed an intrinsic part since childhood of the patient's character and of the best in his existence. Differing on one point with Boring, Sachs states that the new situation towards the end of the analysis amounted to a 'potential trauma'. The accomplishment of the analysis was that through its support it prevented a breakdown, probably a depression.

Criteria for analytic success, according to Sachs, are difficult to establish in the absence of adequate yardsticks for (a) the seriousness of the neurosis, (b) the strength of forces opposing therapy, (c) the extent of therapeutic result. To complicate matters, changes in external situations may play a rôle in successful cures also; still, psychoanalysis, working on causation, is the most thorough and sometimes the only efficient and endurable therapy available at present.

The reviewer considers the approach attempted in the symposium valuable. A study based on the experiences of analysts in the rôle of analysands would

likewise be instructive, the great difficulty being the limitation of privacy if the individual's identity is known. Furthermore, an analyst writing a lengthy report during his analysis would sidetrack many problems; thus the records would have to be made largely by the analyst. Both the patient's and the analyst's evaluations are needed, as shown by Boring's and Sachs's comparative evaluations. Likewise, the analyst may evaluate a reported improvement and its reasons differently from the analysand. The value of the approach is that there has been a constant growth in the analytic frame of reference and technique in its forty years of existence effected both by confirmatory evidence and by difficulties and failures. The reviewer believes that this approach would hasten this general progress, particularly if it could be based on verbatim records.

Synthesis in Research and Formulation of Principles. The symposium contains many novel and clear formulations and accounts of accomplished or suggested syntheses in method. According to J. F. Brown, analysis comprises a method of psychological observation, collecting data, theoretical constructions, and a method of psychotherapy. This differentiation is indispensable for clarity of discussion.

Frankel-Brunswick discussing the 'distal approach' (emphasis on objective phenomena) and the 'central approach' (constructing the individual's behavior on the basis of dynamic forces), reports her finding that objectives which younger adults listed under 'feeling of duty' appeared in older adults under the heading of 'wishes', paralleling the internalization of cultural values in the formation of the superego (Freud). She points out that in the reactions of children to sets of pictures (Murray), one can elicit contentual—e.g., the mention of killing implying aggression—or formal responses, e.g., realistic or fantastic. Correlations between the two types of data, e.g., aggression and degree of realism, can be computed.

Willoughby writes: '. . . both in problem solving in general and in a favorable reaction to psychoanalytic interpretation, the insight experience is regularly followed by the perception of previously hidden connections, the dropping out of irrelevant attitudes and hypotheses—and more active attempt at solution. The process evidently has relationships to Gestalt concepts and to the perceptual reorganizations that have been shown to be important factors in learning.'

Alexander points out that psychoanalysis developed a method of investigation adjusted to the nature of the human personality. Psychoanalysis, by the utmost utilization of communication by speech, perfected the everyday method of getting insight into another individual's psychological processes through observation and identification. 'With his dynamic approach, Freud substantiated in detail Fechner's theoretically assumed stability principle . . . : [that] the total functioning of the mental apparatus is directed towards maintaining a consistent level of excitation within the organism . . . methods . . . highly refined during many years of . . . experimentation can . . . now be applied for the validation and quantitative exploration of the qualitative relationships and principles' which have been clinically explored by psychoanalysis.

BELA MITTELMANN

On the Concept of Plot in Culture. Margaret Mead. Transactions of the New York Academy of Sciences. Section on Anthropology. November, 1939. pp. 24-31.

Using Roheim's views on the ontogenetic origins of culture (this is what is meant by 'plot in culture') Margaret Mead gives us a foretaste of the results of her excellent field work in Bali. She describes a basic mother-child situation in which the mother overstimulates the 'young child by setting up jealousy and coquetry situations, borrowing younger babies and suckling them to arouse jealousy, placing younger babies on their own children's heads, stimulating their children sexually and at the same time offering no emotional rapport in return. The mother teases and flirts with the child until she produces either a state of hysterical delight or of violent weeping and then refusing to become involved herself, she turns casually to something else. By the time the Balinese child is one year old it learns not to respond to this situation, it withdraws more and more into itself and the basis is formed for the insulated type of personality which is typically Balinese.' In their dramatic ritual, human beings attack a superhuman masked representative of the witch. 'The witch does not fight against her attackers. She merely looks at them and they fall to the ground to rise and attack again when she takes her eye off them.' Finally the attackers turn their crises against themselves and collapse in a trance.

GÉZA RÓHEIM

Three Related Experiences of *Déjà Vu*. R. W. Pickford. Character and Personality, IX, No. 2, 1940.

Déjà vu in a young student is used to illustrate and confirm the hypothesis of J. T. McCurdy which holds that the essential feature of *déjà vu* is the subject's discontent at the intrusion into consciousness of something he cannot account for, and which is experienced as the recognition of an object rationalized by association with something familiar. The author concludes that, in some cases, the conscious affect may be pleasurable and that the real sources of the 'recognition' may be found in the unconscious. Freud's paper about *déjà vu*¹ is not mentioned.

EDWIN R. EISLER

The Dynamic Conception of Psychopathic Personality. Maurice Levine. Ohio State Med. J., XXXVI, No. 8, 1940.

The psychopathic personality is dynamically characterized by its intolerance of tensions and by the tendency towards acting out.

OTTO FENICHEL

Introductory Remarks on Groups. Paul Schilder. J. of Social Psychol., XII, First Half, August 1940.

The paper is Schilder's contribution to a round table discussion on group psychotherapy at the meeting of the American Psychiatric Association at

¹ Freud: *Fausse Reconnaissance in Psychoanalytic Treatment*. Coll. Papers, II.

San Francisco, June 9, 1938. This circumstance imposes limitations which are regrettable. The reader would have wished to learn more practical details about the way in which Schilder's group psychotherapy was conducted, especially what Schilder's response would have been to the usual objections which analysts make against 'analysis in groups'. These questions are not discussed. Instead it starts in a very general way with a summary of our knowledge about the formation of groups among animals, and continues with various theories about the origin of human society. Schilder holds that all these theories are one-sided, because many complex factors are responsible: the mother-child relationship, the father-mother-child relationship, homosexual attachments, common work and common needs, identifications and imitations, common traditions and institutions, sympathies and hostilities—coordinating factors which are not on the same level. In every society, there are individuals who do not adapt themselves. This happens under the influence of early and more or less unconscious experiences. In those cases sexual and social developments, which are closely interrelated, are disturbed either by inhibition or by regression. What has to be done is to make the pathogenic experiences conscious to such patients, to have them worked through and solved in a better way. In spontaneous groups, it is not possible to study the psychic structure of the group, which can be done in artificial psychotherapeutic groups. The first obstacle in such groups is the fear of the hostility of the authority, which first has to be lessened. It has been attempted to encourage the free expression of the groups' members by theater and other social activities. The discussions in Schilder's groups serve openly the psychotherapeutic purpose. Every member of the group talks openly about his problems. Schilder discusses the psychology of the leader of such a group as well as of the patient-member. The patients have relatively little real object relationships to each other: they see in the other patient the rival, the example, the similarities and dissimilarities with his own case. The presence of the others is in general no obstacle; open hostility among the patients is very rare; a negative transference towards the leader of the group, however, is very frequent and has to be attributed to childhood experience. Schilder sees the advantage of such a group psychotherapy, as compared with psychoanalysis, in the circumstance that 'one has not only the chance to see how the group is built up, but due to the analytic process, one can see the social forces at work'.

OTTO FENICHEL

NOTES

THE AMERICAN PSYCHOANALYTIC ASSOCIATION will hold its forty-fourth annual meeting at the Hotel Statler in Boston, Massachusetts, from May seventeenth through May twentieth.

THE TOPEKA PSYCHOANALYTIC SOCIETY has enlarged its program of psychoanalytic instruction for candidates in training and associate members. The plan covers all training requirements laid down in the Minimal Standards for the Training of Physicians in Psychoanalysis of the American Psychoanalytic Association in the course of two years. The instructors are Dr. Karl A. Menninger, Dr. Robert P. Knight, Dr. Ernst Lewy, accredited training analysts; Dr. Mary O'Neil Hawkins, Dr. William C. Menninger, Dr. Sylvia Allen, Dr. Elisabeth R. Geleerd, active members of the Topeka Psychoanalytic Society; Dr. D. Rapaport, affiliate member of the Topeka Psychoanalytic Society; and invited speakers. The meeting of March 28 included: Seminar on Freud's Writings conducted by Dr. Ernst Lewy; Dr. Merton M. Gill reviewing Part II of Freud's Three Contributions to a Theory of Sex; Seminar on Psychoanalytic Technique by Dr. Karl A. Menninger; Case Seminar conducted by Dr. Ernst Lewy, Dr. Lewis L. Robbins presenting; an original paper by Dr. Thomas M. French, Chicago, on Ego Analysis as a Guide to Therapy.

The series of introductory lectures and discussions on psychoanalysis given last spring by the PSYCHOANALYSTS OF CALIFORNIA through the coöperation of the San Francisco and Los Angeles groups, was received with enough interest and requests for a more detailed presentation that another series of discussions is planned for this spring. These lectures will have a clinical rather than a theoretical orientation. They will deal with concrete problems that constitute a material part not only of psychiatric but of general medical practice. They will present the point of view with which psychoanalysis approaches these problems. Membership in the group is limited to psychiatrists and to those physicians who are, by special training or experience or interest, 'psychiatrically minded' in their approach to medical problems. The following topics are to be discussed: The Psychoanalytic Approach to Problems in General Medicine (Dr. Kasanin); Psychoanalytic Concepts of Neuroses (Dr. Windholz); Neuroses as Sequelæ of Childhood Conflicts (Dr. Macfarlane); Repression and Its Dynamic Force in Neuroses (Dr. Bernfeld); The Meaning of Dreams in Psychoanalysis (Dr. Windholz); Psychoanalysis of Depressive States (Dr. Berliner); The Principles of Psychoanalytic Therapy (Dr. Berliner); Psychosomatic Medicine: Theory and Methods (Dr. Kasanin); The Study of Psychosomatic Disorders (Dr. Barrett); Psychoanalysis in Child Guidance (Dr. Erikson); Psychoanalysis of Schizophrenia and Obsessive States (Dr. Kamm); The Psychology of the Physician (Dr. Bernfeld).

Monthly reports from the HAMPSTEAD NURSERIES in England, by Anna Freud and Dorothy T. Burlingham, may be obtained for a subscription price of ten dollars a year from the Foster Parents' Plan for War Children, 55 West 42nd Street, New York City. Anna Freud and Mrs. Burlingham, an American trained in the Vienna Institute of Psychoanalysis, are codirectors of the Hampstead Nurseries for the Foster Parents' Plan in England. On receipt of an application to become a Foster Parent, the Plan makes arrangements to take a war child from a subway shelter or a bombed-out settlement into one of the Foster Parents' Colonies. The Foster Parent receives a photograph and brief history of the child, and pays fifteen dollars a month for the upkeep of the child. More than 15,000 children have been cared for by the Plan since its inception five years ago. These include Dutch, Polish, Belgian, British, Austrian, Spanish, German, and French refugee children.

It has been recommended to the NATIONAL COMMITTEE FOR MENTAL HYGIENE that it bring to the attention of neurologists and psychiatrists in private practice the serious danger to which many psychiatric patients are exposed by induction into the army and the potential danger of their disturbance to the morale of soldiers with whom they are associated.

It is suggested that the physician who has present or former patients who are facing military selection and who are known to have personality difficulties reflected in neuroses, psychoneuroses, or psychotic behavior, and for whom the physician's considered judgment raises a real question as to their ability to maintain their present emotional balance or usefulness for military service, that he take such steps as he deems ethical and effective to forestall induction. It is, of course, most desirable if the patient can be induced to accept professional advice to be protected from traumatic experiences during selection for army life.

In one state the psychiatrist writes to the medical officer of the State Selective Service office stating that John Doe has been a patient diagnosed so and so. The medical officer then writes the local board to the effect that, from satisfactory evidence in hand, the registrant is unsuitable and is to be classified IV-F. This procedure protects the physician and forestalls an examination and an upsetting diagnosis. One physician writes regularly in such cases: 'I have material that would be of interest to your board in case John Doe comes before it for consideration'. In larger cities where there is a chief medical officer for Selective Service, communications should be addressed to him rather than to the state office.

Suggestions that may be useful in coping with this problem, or formulæ for dealing with individual patients which have been found productive of results should be communicated to George S. Stevenson, M.D., Medical Director, National Committee for Mental Hygiene, 1790 Broadway, New York, N. Y.

The AMERICAN RED CROSS is responsible for social service in Naval and Army General and Station Hospitals both here and abroad, and in psychiatric units

in Naval and Marine Corps Training Stations. Psychiatric social workers are needed for the psychiatric services in these hospitals and units and may also be used as field directors in general hospitals and assistant field directors in station hospitals. This psychiatric service is largely concerned with diagnosis and military disposition. The psychiatric social worker, through Red Cross channels, provides the psychiatric social history and assists with the patient's readjustment after discharge through interpretative letters to the Red Cross chapter in his home community. Salaries range from \$150 to \$225 per month, depending on the qualifications of the worker and her responsibilities. For foreign assignments the salary is \$225 plus \$45 flat maintenance, transportation and insurance, irrespective of location. All types of positions call for the personal qualifications of adaptability, tact, dignity, graciousness, racial and religious tolerance, a well-groomed and attractive appearance, and unquestioned loyalty to the United States. The number desired can only be an estimate, and will depend upon military developments; and requirements of training and experience will be determined by the needs and how they can be met. Applications for foreign service should be addressed to the Director of Personnel, American National Red Cross, Washington, D. C. For service in this country, to the Directors of Personnel in the following Area offices: Eastern Area, A.R.C., 615 North St. Asaph St., Alexandria, Virginia; Midwestern Area, A.R.C., 1709 Washington Avenue, St. Louis, Missouri; Pacific Area, A.R.C., Civic Auditorium, San Francisco, California.

A contest for the design of an emblem for the AMERICAN PSYCHIATRIC ASSOCIATION is announced by Dr. J. K. Hall of Richmond, Virginia, President of the Association. The emblem will be used in the centennial celebration in 1944 of the American Psychiatric Association, which is the oldest organization of medical specialists in the country.

'Those who conceived the undertaking were ever mindful of the fact that the severe crisis which our country and the whole world are now enduring imposes upon us the duty to preserve and further to develop all our cultural values, scientific and artistic. These in times of war seem to recede into the background and to run the risk of being lost under the hard pressure of military necessity and the psychological exigencies of the spirit of combat. The scientific and humanitarian tradition of the American Psychiatric Association might thus, in a manner and to a degree no matter how modest, combine with the creative drives of American art to salvage and to hold a few of our cultural values which are now subject to the ordeal by steel and fire.

'This is the fourth war in the history of the American Psychiatric Association, which is approaching the conclusion of its first hundred years of life. The Association as a whole, and its individual members, served in all these crises. The association emerged from each national crisis fully and more united, ever growing in size, in influence, in education and in scientific medico-psychological progress. Its membership covers all the forty-eight States of the Union, and Canada.

'Like so many of our great institutions and traditions, the Association was born in Philadelphia. One of the signers of the Declaration of Independence,

the great physician Benjamin Rush, was one of the founders of American psychiatric traditions, and it was from him that many an inspiration came which led to the founding of the Association of Medical Superintendents of American Institutions for the Insane, which later became the American Psychiatric Association. The Association was born out of the keen consciousness of the need to alleviate the lot of the mentally ill, to take better care of them in the then existing hospitals, to build better hospitals, to diagnose effectively and efficiently to cure the many mentally ill who in many localities even at that time, only one hundred years ago, were roaming about unattended or were derelicts slowly losing their human appearance and lives in jails or forgotten cellars.

"This need fully to arouse the minds of the public, of the Government, and even of many physicians to the awareness of what mental illness is, and to the realization that the "insane" is but a sick man—sick in all his humanness and human in all his sickness—brought together a few thoughtful doctors in 1844 and they founded the Association. These doctors were only thirteen in number; the American Psychiatric Association now numbers almost three thousand men and women—all physicians, all specialists in mental diseases. The "original thirteen" were not merely earnest doctors; they were men of spiritual stature and wide cultural horizons—a great many of them endowed with literary gifts and gifts of keen intuition. The Oliver Wendell Holmes of American psychiatry, Dr. Isaac Ray, was among them, a man who, like so many of his contemporary colleagues, thought of and dreamed of and lived by and for good mental hospitals and proper care and cure of the mentally ill.

"Many hospitals for the mentally ill have been conceived, carefully planned, and erected—hospitals which are model institutions and some of which vie with and emulate the best medicosurgical organizations. State and private institutions are no longer asylums but curative institutions taking care of hundreds of thousands of afflicted men and women. And these men and women are no more "inmates" who are "put away" behind bars, but *patients* who are ministered to, treated, and cured. Clinics for adults and for children have been established all over the North American Continent for the early recognition of mental illnesses, for guidance and cure. The old-fashioned orderly or plain hired man has well-nigh disappeared; nurses (men and women) trained in special training schools for psychiatric nurses now take care of the mentally ill. The schools in which they are trained have become a part of the organization of a great many public and private mental hospitals.

"Psychiatry has entered within the walls of our prisons as a scientific psychological guide. Many prisoners are supervised and guided in the light of modern psychiatric knowledge. Against legalistic misconceptions, the criminal is now studied and defended by present-day psychiatrists. And in the last War psychiatry asserted itself as an independent service in our army, utilizing its knowledge in the effort to rehabilitate those who fell not physically but mentally.

"Thus in the course of a century psychiatry grew to become a medical specialty, a scientific discipline, humane in purpose, educational in endeavor, conscious of its medical, social and cultural rôle, and active in the hospitals, in the courts of justice, in the prisons, in the clinics, in the university halls and laboratories, in the school systems, in the reformatories and children's courts.

Its horizons grew with its knowledge, its scope with its duties, its enlightenment with its social consciousness. The story of the American Psychiatric Association represents and perhaps is the history of American psychiatry for the past one hundred years.' Committee on the History of Psychiatry of the American Psychiatric Association.

The AMERICAN ASSOCIATION ON MENTAL DEFICIENCY will hold its sixty-sixth annual convention from May thirteenth through sixteenth, 1942, at the Hotel Bradford, Boston, Massachusetts. Dr. George S. Stevenson, Chairman of the Committee on Public Relations, Room 916, 1790 Broadway, New York, N. Y., will send copies of the preliminary program on request.